Implementing the PDH-CPG Across the Deployment Cycle Post OEF/OIF

May 2003 (Updated April 2005)

pdhealth@amedd.army.mil
Provider Consult HelpLine: 1-866-559-1627
Patient Call Center HelpLine: 1-800-796-9699

Training Agenda

Introduction and Guideline Overview	LTC Charles Engel
Basics of Risk Communication	Tim O'Leary
Post-Deployment Health Assessment 2796 Enhanced Process	COL Jeff Gunzenhauser
PDH CPG Application	Lt Col Adkins, LTC Engel, Mr. O'Leary
Summary and Questions	

Why Focus On Post-Deployment Health Care?

("Isn't it just 'routine health care' in a slightly different uniform?")

...because our workplace may be hazardous to health

History Made Overly Simple

Before Vietnam
Life & Limb

After Vietnam
Post-Traumatic Stress Disorder

After Gulf War
Toxic Exposure Concerns
Medically Unexplained Symptoms

Gulf War Syndrome

- 17% of UK Gulf War Veterans believe they have “Gulf War Syndrome”


SO...WHAT MAKES YOU THINK YOU'RE SICK?...
DESERT STORM
★
MEDICAL INQUIRY

Gulf War Syndrome

Agent Orange

PTSD

Battle fatigue

Neurocirculatory asthenia

Shell shock

Effort syndrome

Da Costa's syndrome

Soldier's heart

Recent Unexplained Syndromes Involving the Military, War, Deployment, or Terror

- Dutch peacekeepers in Lebanon (1980s)
- “Jungle Disease” (Dutch peacekeepers in Cambodia)
- Gulf War Syndrome
- Afghanistan Syndrome (Russia, 1990s)
- Chechnya Syndrome (Russia, 1990s)
- Illnesses after 1992 El Al Airliner crash in Amsterdam
- Illnesses after anthrax vaccination (1990s)
- Dutch peacekeepers in Bosnia (1995-6)
- Canadian peacekeepers in Croatia (late 1990s)
- Balkan War Syndrome

SPECIAL REPORT
Newsweek®
November 5, 2001 : $3.95
newsweek.msnbc.com

DUST AND FEAR: Doctors see an unusual number of respiratory complaints

HEALTH

Now, 'WTC Syndrome'

ing coughs and sinus infections to posttraumatic stress and acute lung traumas, including severe asthma requiring mechanical respiration.

The syndrome appears to be

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Unexplained Physical Symptoms
Medicine's "Dirty Little Secret"

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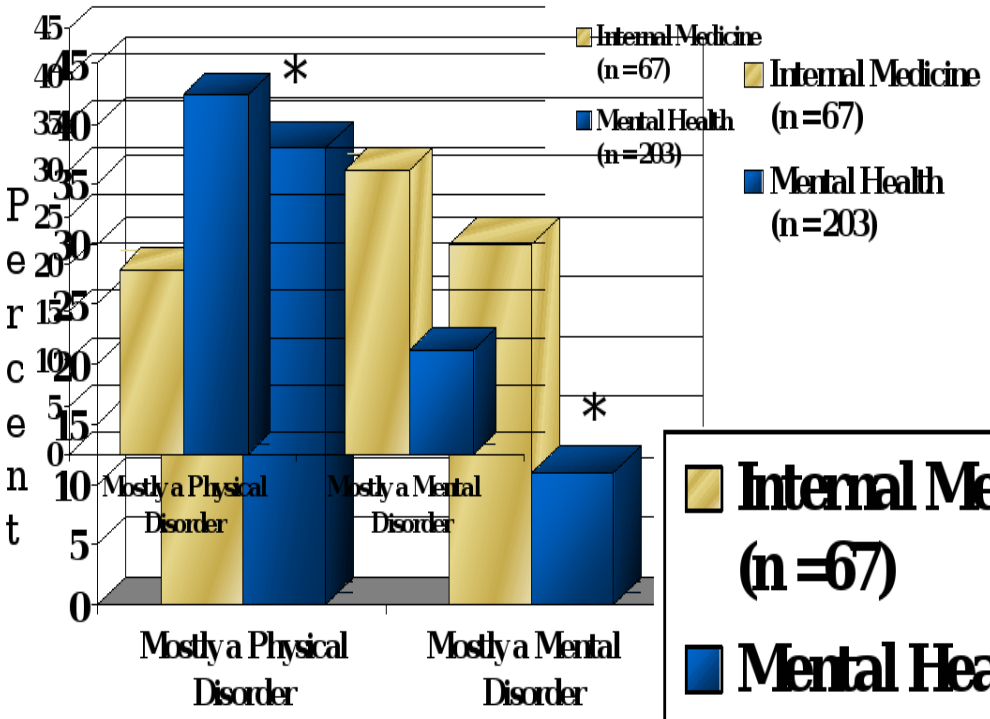
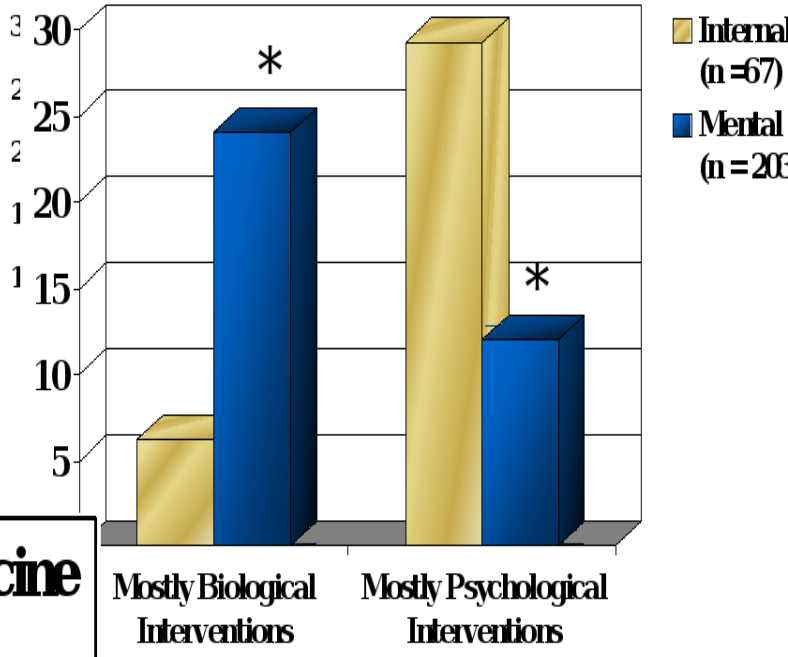
Specialty	Clinical Syndrome
Orthopedics	Low Back Pain Patellofemoral Syndrome
Gynecology	Chronic Pelvic Pain Premenstrual Syndrome
ENT	Idiopathic Tinnitus
Neurology	Idiopathic Dizziness Chronic Headache
Urology	Chronic Prostatitis Interstitial Cystitis Urethral Syndrome
Anesthesiology	Chronic Pain Syndromes
Cardiology	Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse
Pulmonary	Hyperventilation Syndrome
Endocrinology	Hypoglycemia

Specialty	Clinical Syndrome
Dentistry	Temporomandibular Disorder
Rheumatology	Fibromyalgia Myofascial Syndrome Silicosis
Internal Medicine	Chronic Fatigue Syndrome
Infect Disease	Chronic Lyme Chronic Epstein-Barr Virus Chronic Brucellosis Chronic Candidiasis
Gastroenterology	Irritable Bowel Syndrome Gastroesophageal Reflux
Physical Medicine	Mild Closed Head Injury
Occupational Medicine	Multiple Chemical Sensitivity Sick Building Syndrome
Military Medicine	Gulf War Syndrome
Psychiatry	Somatoform Disorders

Rate the degree to which you believe "Persian Gulf Illness" is:



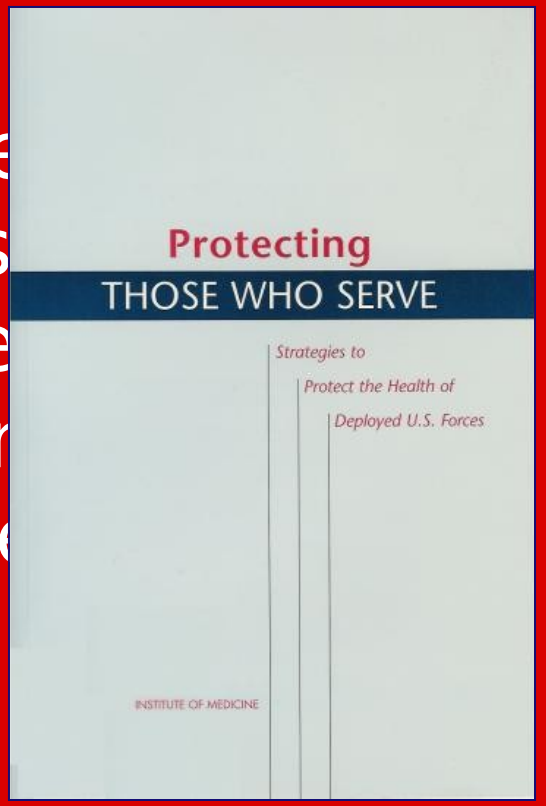
Rate the degree to which you believe "Persian Gulf Illness," in general, is most effectively treated by:



Richardson, Engel et al. Arch Int Med 2001; 161:1289-94

Institute of Medicine

Strategy 5: “Impleme
strategies to address
medically unexplaine
physical symptoms i
populations that hav
been deployed.”

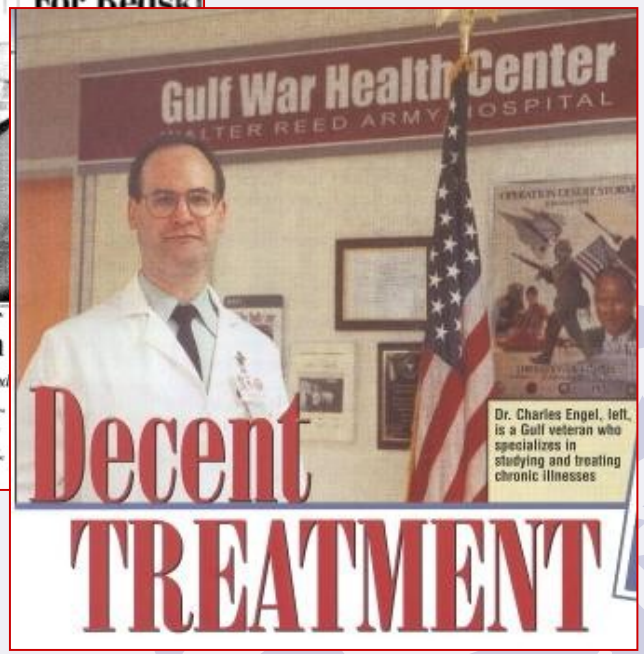


WA, DC, National Academy Press; 200

A DoD Center of Excellence

Deployment Health Clinical Center

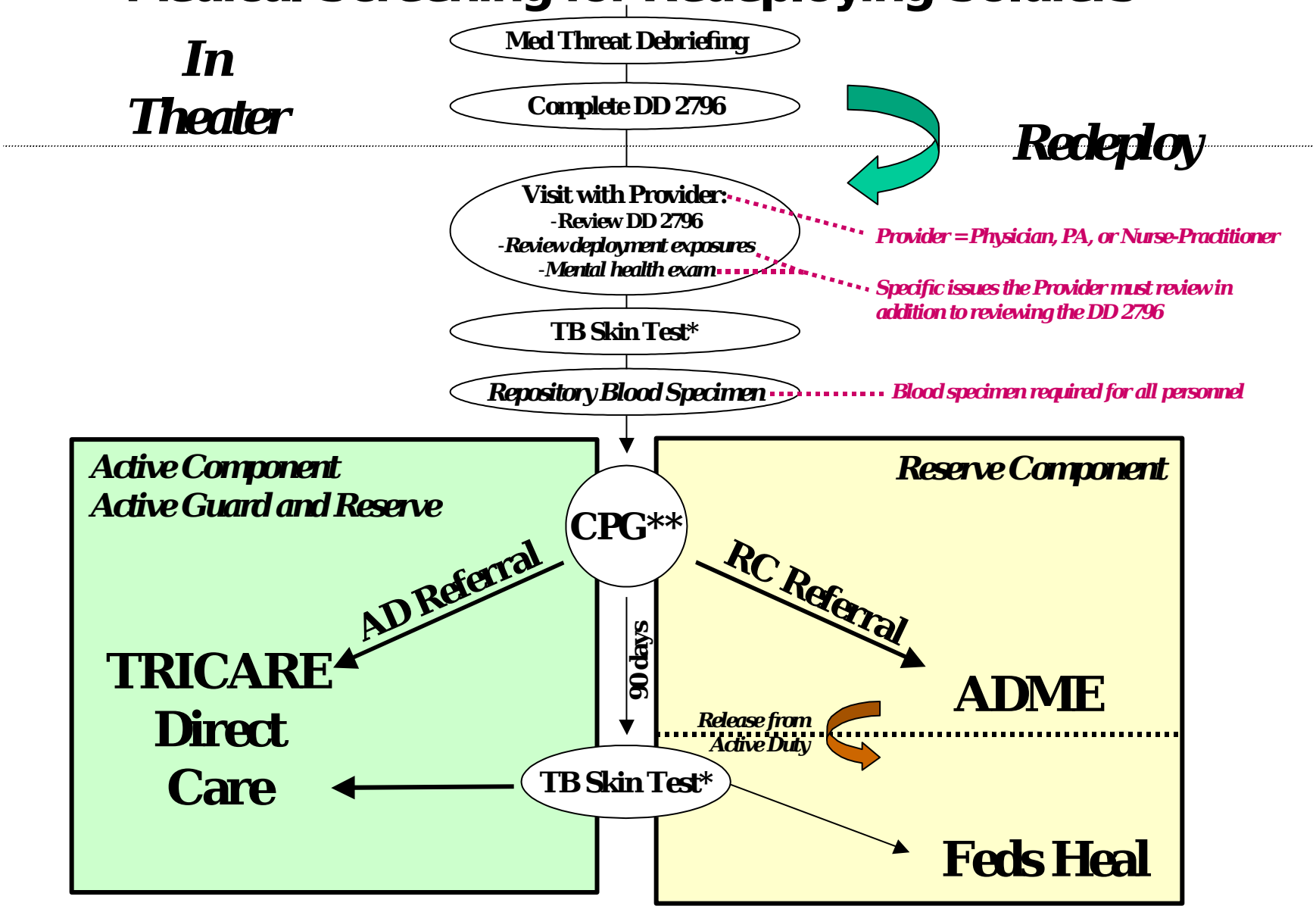
Mission: Improve post-deployment health care for DoD beneficiaries



Located at Walter Reed Army Medical Center

How Can We Do Better?

Medical Screening for Redeploying Soldiers



**Clinical Practice Guideline

*Two visits, 48-72 hours apart

DoD-VA CLINICAL PRACTICE GUIDELINE ON *POST-DEPLOYMENT HEALTH EVALUATION & MANAGEMENT*

Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

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- DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)
  - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
  - Completed by an expert multi-disciplinary, multi-agency panel in 2001
  - Initiated with a worldwide satellite broadcast January 2002 and distribution of a Tool Kit to all MTFs
  - Replaced Comprehensive Clinical Evaluation Program (CCEP)
  - No change since 2002 except modified coding guidance

PDH-CPG Use Mandated by Health Affairs – April 2002

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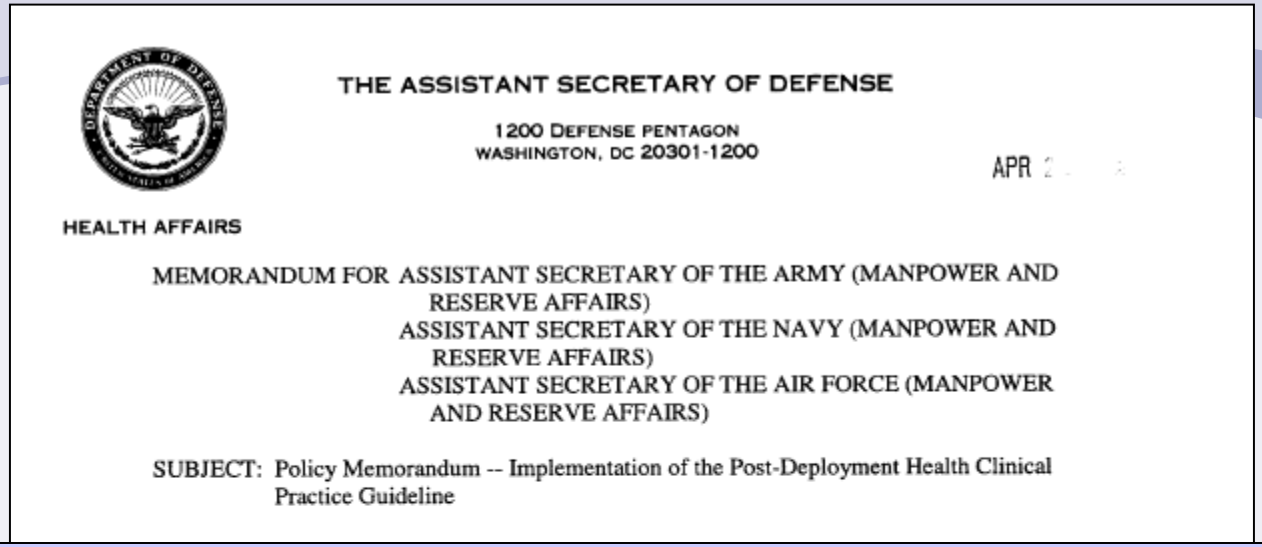


THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2

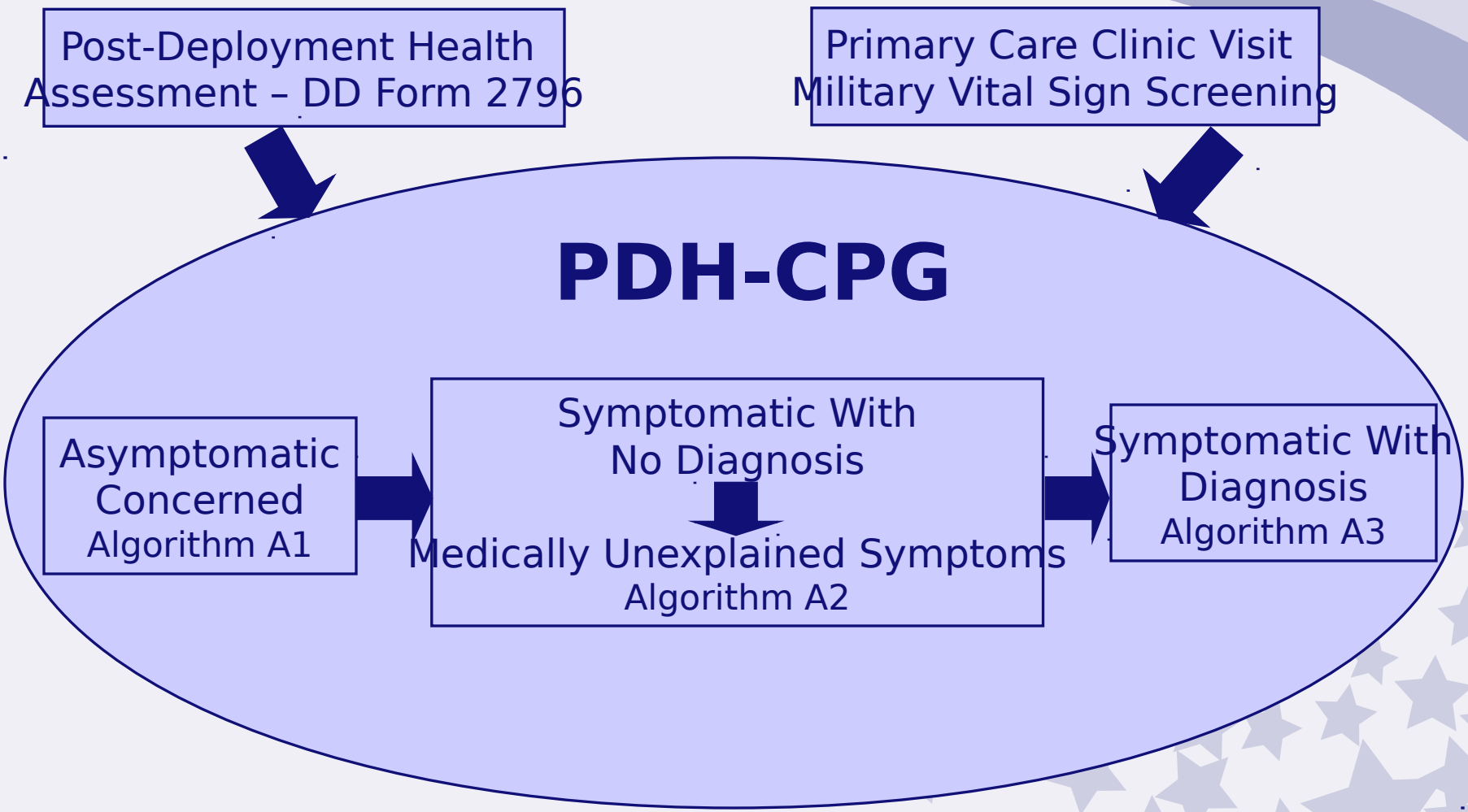
HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical Practice Guideline

"All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline …the military unique vital sign question '*Is the reason for your visit today related to a deployment?*' should be asked of every patient…providers will review and employ, as needed, this guideline during their evaluations…"

PDH-CPG Components



Overview of Guideline Features

- Military-unique vital sign
- Stepped care framework
- Risk communication guidance
- Web-based clinician support
- Longitudinal care emphasis
- Data automation features
- Metrics & outcomes monitoring
- Supporting Center of Excellence

What Is the Military Unique Vital Sign?

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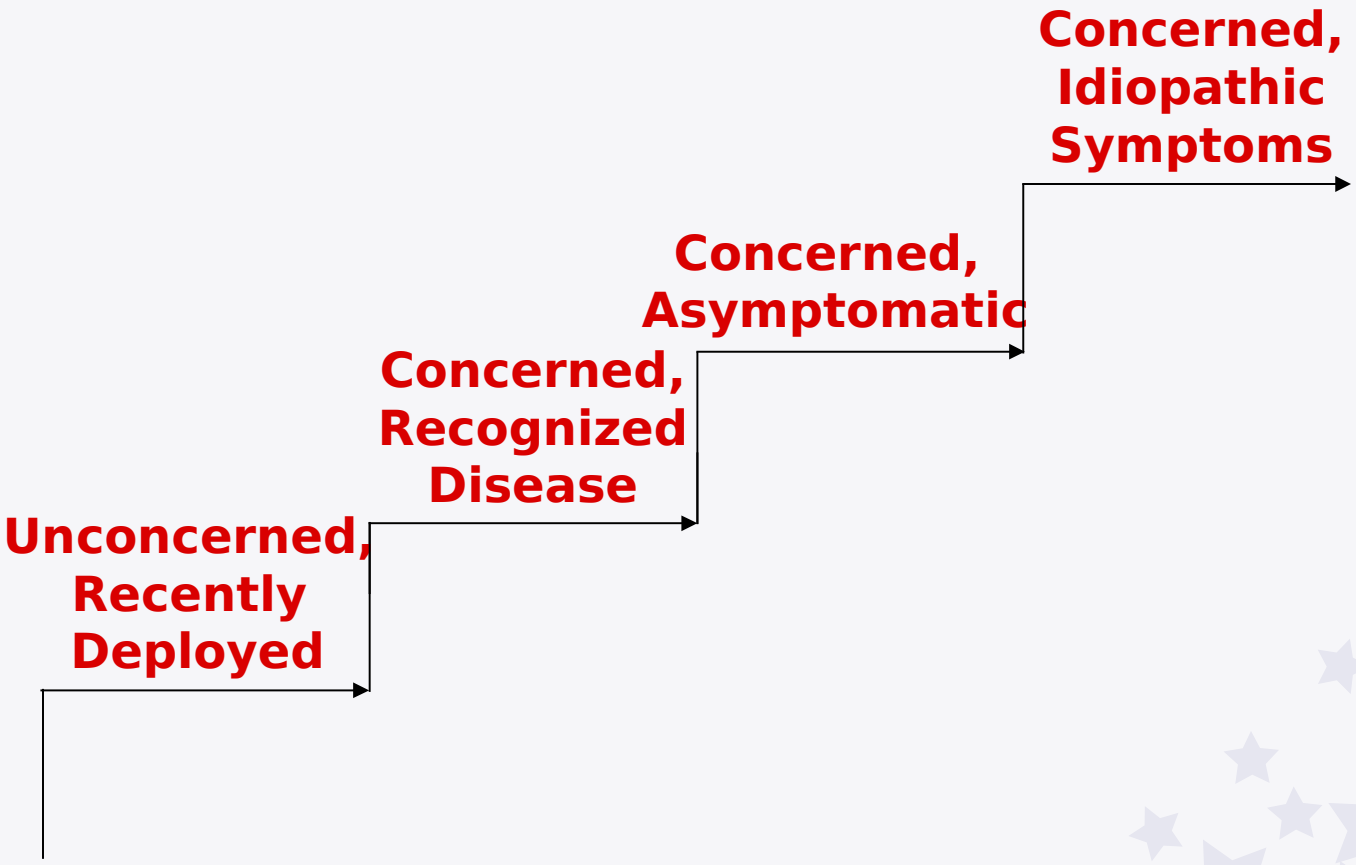
- All persons should be asked "***Is your health concern today related to a deployment?***" at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- **Patient** rather than provider **determination**
- Percentage of positive responses
  - <1% during 2001 testing (Bragg, Lejeune, McGuire)
  - 2.8% AD vs 0.2% FM in NQMP study published Dec 04
  - 5-8% in current data reviews

Stepped Risk Communication



Local Challenges

- **Identifying a champion:** clinical & administrative
- **Local gap analysis**
  - Implementing the **question**?
  - Adhering to visit **coding**?
  - Assessing follow-up **metrics**?
  - Local Utilization Management/Informatics **support**?
  - Making provider & patient information available from the **toolkit**?
  - Obtaining risk communication **training**?
- **Receiving DHCC News?** Medical "Early Bird" for those who want to know what patients may be reading

Risk Communication & Its Relevance for Clinicians

What is Risk Communication?

- An interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concern, opinions, or reactions to risk messages or to legal and institutions arrangements for risk managers.

National Research Council, Committee on Risk Perception and Communication

What is Risk Communication? (cont.)

- Building and maintaining relationships based on the effective exchange of technical and/or scientific information between concerned stakeholders about an actual or perceived risk

Risk Communication Team, U.S. Army Center for Health Promotion and Preventive Medicine

What is Risk Communication? (cont.)

- A science-based approach for communicating effectively in
  - High concern
  - Low trust
  - Sensitive or
  - Controversial situations

Vincent Covello, Center for Risk Communication

Gaining Trust and Credibility

- Difficult to gain and easy to lose
- Most important factors are
  - Empathy
  - Caring
  - Personal Commitment
  - Honesty
  - Openness
  - Expertise

Risk Communication History

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- Risk communication dates back to 1980s
- Interact with communities or groups
- Concern about health, safety, or environmental dangers
- Perception of peril to themselves & especially to their children

Seven Rules of Risk Communication

- Rule 1. Accept and involve the recipient of information as a legitimate partner
- Rule 2. Plan carefully and evaluate performance
- Rule 3. Listen to your audience
- Rule 4. Be honest, frank, and open

Seven Rules of Risk Communication (cont.)

- Rule 5. Coordinate and collaborate with other credible sources
- Rule 6. Plan for “Media” influence
- Rule 7. Speak clearly and with compassion

Narrowing Risk Communication

- Until recently, risk communication was used for groups and communities
- In a clinical setting, risk communication is used with small groups (e.g., family) or individuals
- Building trust and credibility remains crucial
- Fosters a good environment for communicating sensitive health risk information
- Listening is half of communication

Stepped Risk Communication Strategy

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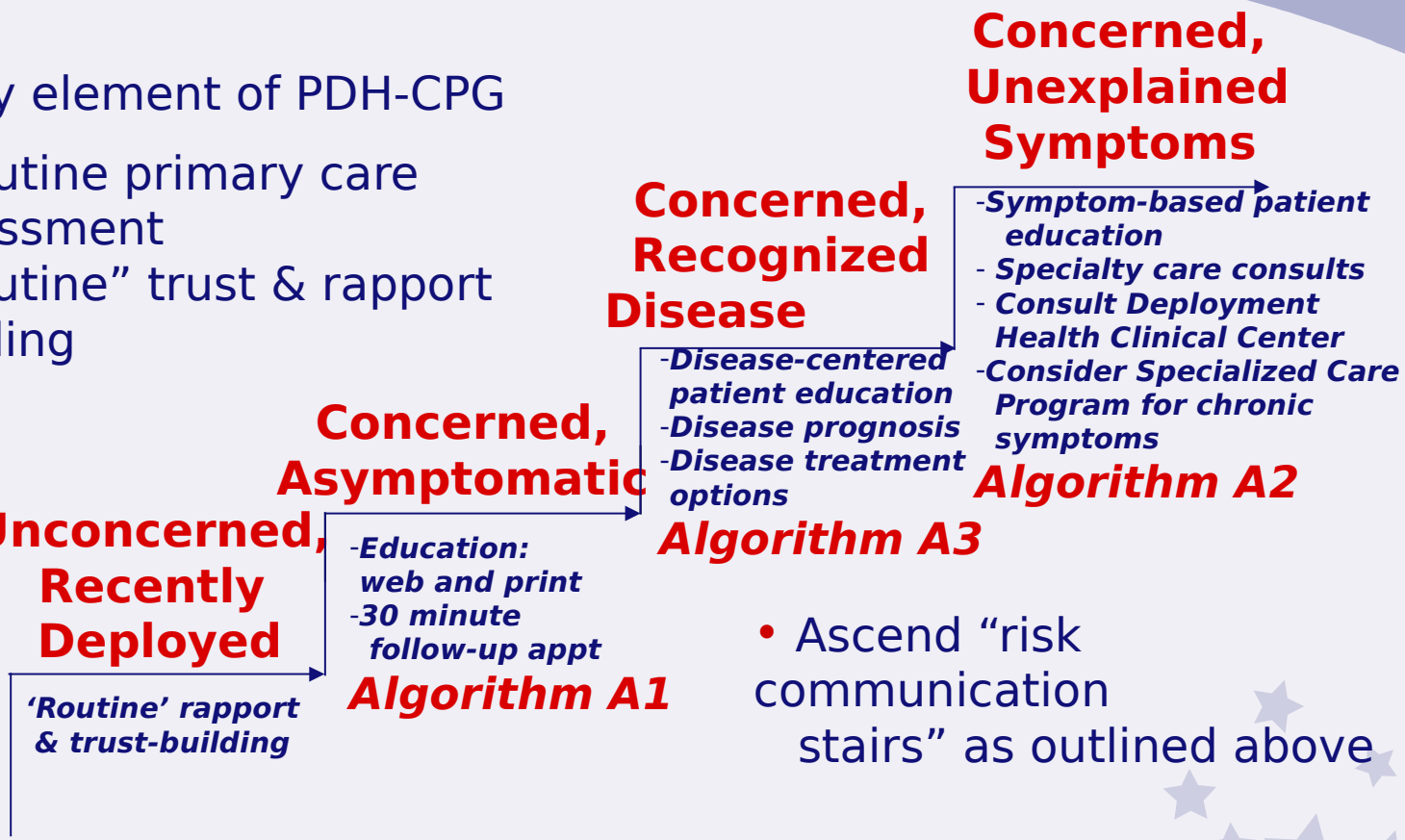
- Key element of PDH-CPG
- Routine primary care assessment
  "routine" trust & rapport building



- Ascend "risk communication stairs" as outlined above

Clinical Health Guidelines

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- Risk communication is a central part of the guideline
- Routine primary care assessment – “routine” trust & rapport building
- Ascend “risk communication stairs” for:
  - Unconcerned patient, but recently deployed
  - Concerned patient with recognized disease
  - Concerned patient who is asymptomatic
  - Concerned patient with chronic unexplained symptoms

Why Use Risk Communication?

- Allows transmission of relevant & accurate health information
- Increases patient & provider focus on relevant health risks
- Reduces unnecessary patient distress

Benefits of Risk Communication

- Improves patient:
  - Acceptance and adherence to medical advice
  - Satisfaction with care
  - Confidence in provider & their relationship
  - Trust in the health care system
  - Functioning & health behaviors
  - Chances of returning to life roles
- Improves provider satisfaction with the process of delivering care

What Risks Concern Patients?

- Risk of serious illness
- Risk of various outcomes (e.g., cure, death, disability)
- Risks of medical tests
- Risks of medical treatments
- Risk of workplace or environmental exposures

Clinical Risk Communication

E N V I T E

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E-mpathy: Listen actively. Confirm what you hear. Express concern. Convey genuine desire to assist.

N-on confrontational: Subordinate the need to be "right" to the obligation to relieve suffering. Don't engage in arguing with patient.

V-alidate: Validate the patient's decision to seek care.

I-nform: Offer data that addresses patient's specific concerns presented in an understandable way.

T-ake Action: Describe options. Appropriate tests/labs. Schedule a follow-up. Research concerns. Consider consultation or second opinion, as needed.

E-nlist Cooperation: Negotiate an action plan with the patient rather than imposing one on him or her.

Who Needs Risk Communication Expertise?

- Physician
- Nurse
- Desk Clerk/Receptionist

Risk Communication Summary

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- Clinical risk communication involves low trust-high concern situations
- Trust and credibility are the heart of communicating health information to patients
- Value your patients views and beliefs

Post-Deployment Health Clinical Practice Guideline Tools & Application

Enhanced PDHA Process

www.PDHealth.mil

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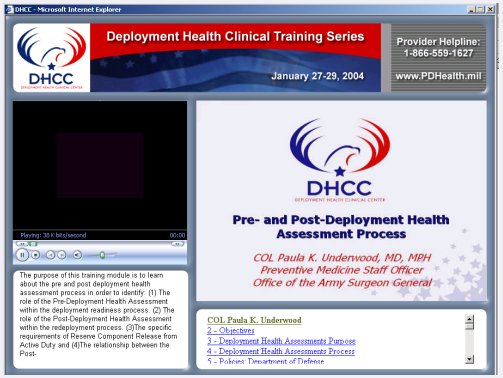
- Guidance for Completing DD Form 2796
- PDHA Policies & Directives
- Deployment Exposures Information
- Redeployment Briefing
- PDHA Training Videos



Toolbox DD2796

PDH-CPG Web-Based Tools

www.PDHealth.mil

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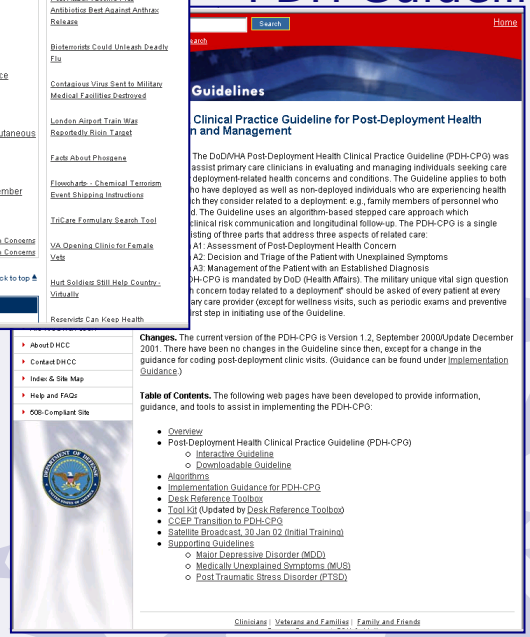
- PDH Guidelines
  - Overview
  - Guideline
  - Algorithms
  - Implementation
  - Desk Reference Toolbox
  - Tool Kit (Updated by Toolbox
  - CCEP Transition
  - Broadcast, 30 Jan 2002
  - Supporting Guidelines
- Clinicians Helpline
  - 1-866-559-1627

Home Page

PDH Guidelines



PDH-CPG Desk Reference Toolbox

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- Desktop-sized Laminated Box
  - Desk Reference Cards
  - Compact Discs
    - Interactive PDH-CPG
    - MEDCOM CD of Other CPGs
    - 2 PDH-CPG Training CDs
  - Sample Clinician and Patient Brochure
  - Va… …ter's In…

Contents on www.PDHealth.mil

Deployment Cycle Support (DCS) Scenario – 12 May 03

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Personnel and situation:

- **SSG Ira Freedom**
  - 29 y/o male stationed at Ft Carson
  - Married, wife (Patience), 8 y/o son, 4 y/o daughter
  - In SWA for 90 days
    - In Kuwait and Iraq as part of OEF and OIF
    - Saw 2 weeks in combat, including heavy resistance in Baghdad & urban warfare
    - No significant medical history prior to deployment
  - Anticipates redeployment on 15 May

Deployment Cycle Support (DCS) Scenario – 12 May 03 (cont.)

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- SSG Freedom's friends in Iraq
  - Formed bond due to similar history
  - **SSG Reserve**, a mobilized reservist
  - **Mr. Seville**, a deployed federal civil service employee
  - **Ms. Cross**, a Red Cross Volunteer
  - **Ed Itor**, an embedded journalist
  - All going back on 15 May
  - **SSG Natalie Guard**, a mobilized National Guard member and SSG Freedom's sister, currently deployed to Denver airport, will meet him when he returns

Redeployment

Task: In-Theater Medical Out-Processing

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1. **Task**: In-Theater Medical Out-processing
   - **When**: Within 5 days prior to redeployment
   - **Who**: CFLCC (Coalition Forces Land Component Command) medical assets
     - Credentialed provider
   - **Tools:**
     - DD Forms 2766, 2795, 2796
       - Paper, fillable PDF, and electronic
     - Medical threat debrief - on CHPPM and PDHealth.mil websites
     - Med threat info sheet – also on both websites
     - Medical prophylaxis – malaria, others
   - **Aids:** Consult helpline, patient education materials, email CHPPM POC in-theater

Redeployment – Soldiers, Federal Personnel

Task: In-Theater Medical Out-P...

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Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family – CHPPM website)
Soldier completes DD 2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign 2796	ICD-9 Code V70.5_6, and other codes as needed; provider signs completed 2796
Integrate 2796 into	Deployable health record, 2766, should be

DD Form 2796 Post-Deployment Health Assessment - Pages 1 & 2

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POST-DEPLOYMENT **Health Assessment**

33348

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name MI

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

Gender
- O Male
- O Female

Service Branch
- O Air Force
- O Army
- O Coast Guard
- O Marine Corps
- O Navy
- O Other

Component
- O Active Duty
- O National Guard
- O Reserves
- O Civilian Government Employee

Pay Grade

O E1	O 001	O W1
O E2	O 002	O W2
O E3	O 003	O W3
O E4	O 004	O W4
O E5	O 005	O W5
O E6	O 006	
O E7	O 007	O Other
O E8	O 008	
O E9	O 009	
	O 010	

Location of Operation
- O Europe
- O SW Asia
- O SE Asia
- O Asia (Other)
- O Australia
- O Africa
- O Central America
- O Unknown
- O South America
- O North America
- O Other

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)
- O Kuwait
- O Qatar
- O Afghanistan
- O Bosnia
- O On a ship
- O Iraq
- O Turkey
- O Uzbekistan
- O Kosovo
- O CONUS
- O Other

Name of Operation:

Occupational specialty during this deployment (MOS, NEC or AFSC)

Combat specialty:

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
O	O	O	Medical threat debriefing completed
O	O	O	Medical information sheet distributed
O	O	O	Post Deployment serum specimen collected

Reset

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DD FORM 2796, APR 2003 PREVIOUS EDITION IS OBSOLETE. ASD(HA) APPROVED

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?
   - O Health stayed about the same or got better
   - O Health got worse

2. How many times were you seen in sick call during this deployment? ☐☐ No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?
   - O No
   - O Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?
   - O Smallpox (leaves a scar on the arm)
   - O Anthrax
   - O Botulism
   - O Typhoid
   - O Meningococcal
   - O Other, list: _____
   - O Don't know
   - O None

5. Did you take any of the following medications during this deployment?
   (mark all that apply)
   - O PB (pyridostigmine bromide) nerve agent pill
   - O Mark-1 antidote kit
   - O Anti-malaria pills
   - O Pills to stay awake, such as dexedrine
   - O Other, please list _____
   - O Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now		No	Yes During	Yes Now	
O	O	O	Chronic cough	O	O	O	Chest pain or pressure
O	O	O	Runny nose	O	O	O	Dizziness, fainting, light headedness
O	O	O	Fever	O	O	O	Difficulty breathing
O	O	O	Weakness	O	O	O	Still feeling tired after sleeping
O	O	O	Headaches	O	O	O	Difficulty remembering
O	O	O	Swollen, stiff or painful joints	O	O	O	Diarrhea
O	O	O	Back pain	O	O	O	Frequent indigestion
O	O	O	Muscle aches	O	O	O	Vomiting
O	O	O	Numbness or tingling in hands or feet	O	O	O	Ringing of the ears
O	O	O	Skin diseases or rashes				
O	O	O	Redness of eyes with tearing				
O	O	O	Dimming of vision, like the lights were going out				

7. Did you see anyone wounded, killed or dead during this deployment?
   (mark all that apply)
   - O No O Yes - coalition O Yes - enemy O Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?
   - O No O Yes (O land O sea O air)

9. During this deployment, did you ever feel that you were in great danger of being killed?
   - O No O Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?
    - O No O Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None	Some	A Lot	
O	O	O	Little interest or pleasure in doing things
O	O	O	Feeling down, depressed, or hopeless
O	O	O	Thoughts that you would be better off dead or hurting yourself in some way

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DD FORM 2796, APR 2003

DD Form 2796 Post-Deployment Health Assessment – Pages 3 & 4

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12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No	Yes	
O	O	Have had any nightmares about it or thought about it when you did not want to?
O	O	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
O	O	Were constantly on guard, watchful, or easily startled?
O	O	Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No	Yes	Unsure	
O	O	O	You may have serious conflicts with your spouse, family members, or close friends?
O	O	O	You might hurt or lose control with someone?

14. While you were deployed, were you exposed to: *(mark all that apply)*

No	Sometimes	Often	
O	O	O	DEET insect repellent applied to skin
O	O	O	Pesticide-treated uniforms
O	O	O	Environmental pesticides (like area fogging)
O	O	O	Flea or tick collars
O	O	O	Pesticide strips
O	O	O	Smoke from oil fire
O	O	O	Smoke from burning trash or feces
O	O	O	Vehicle or truck exhaust fumes
O	O	O	Tent heater smoke
O	O	O	JP8 or other fuels
O	O	O	Fog oils (smoke screen)
O	O	O	Solvents
O	O	O	Paints
O	O	O	Ionizing radiation
O	O	O	Radar/microwaves
O	O	O	Lasers
O	O	O	Loud noises
O	O	O	Excessive vibration
O	O	O	Industrial pollution
O	O	O	Sand/dust
O	O	O	Depleted Uranium (If yes, explain) _____
O	O	O	Other exposures _____

15. On how many days did you wear your MOPP over garments? ☐☐ No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises? ☐☐ No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?
O No O Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?
O No O Don't know
O Yes, explain with date and location
_____
_____
_____

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DD FORM 2796, APR 2003

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ – ☐☐ – ☐☐☐☐

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: O Excellent O Very Good O Good O Fair O Poor
2. Do you have any medical or dental problems that developed during this deployment? O Yes O No
3. Are you currently on a profile or light duty? O Yes O No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? O Yes O No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? O Yes O No
   Please list concerns: _____
   _____
6. Do you currently have any questions or concerns about your health? O Yes O No
   Please list concerns: _____
   _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- O None
- O Cardiac
- O Combat/Operational Stress Reaction
- O Dental
- O Dermatologic
- O ENT
- O Eye
- O Family Problems
- O Fatigue, Malaise, Multisystem complaint
- O Audiology
- O GI
- O GU
- O GYN
- O Mental Health
- O Neurologic
- O Orthopedic
- O Pregnancy
- O Pulmonary
- O Other _____

EXPOSURE CONCERNS (During deployment):

- O Environmental
- O Occupational
- O Combat or mission related
- O None

Comments: _____
_____
_____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

End of Health Review

33348

Reset

DD FORM 2796, APR 2003

ASD(HA) APPROVED

Mental Health Items (DD2796)

Additional clarification of history directed by the screening provider's clinical suspicion is mandated for anyone who reports:

- A desire for assistance (**item 10**)
- ANY concerns about self-harm (**item 11c**)
- “A LOT” to any of the other depression screening items (**item 11**)
- Two or more of the acute stress disorder/post-traumatic stress disorder screening items (**item 12**) OR
- ANY concerns over loss of control (**item 13b**)

Redeployment – Soldiers, Federal Personnel

Task: In-Theater Medical Out-Processing

DHCC
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Medical Debrief	Soldier receives medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Soldier receives two medical threat tri-folds (one medical, one family – CHPPM website)
Soldier completes DD 2796	Can fill in front sections independently or with assistance from medical screener
Medical exam	Face-to-face encounter with provider; review, complete 2796; document exposures, physical & mental concerns
Terminal Prophylaxis	Determine/provide malaria and other prophylaxis needs
Provider referrals	Determine and initiate referral to PCM for PDH-CPG based care
Document visit and sign DD2796	ICD-9 Code V70.5_6, and other codes as needed; provider signs completed DD2796
Integrate DD2796	Deployable health record, DD2766, should be

Redeployment – Soldiers and Civil Service

Task: Home Station/Demob Medical Processing

16 May, Day of Return

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DEPLOYMENT HEALTH CLINICAL CENTER

2. **Task**: Home Station Medical Processing
   - **When**: Within 5 days post redeployment
   - **Who:** Credentialed provider – Homer Station, MD
     - Assistance – LPN Grace, contract screener, or SSG Whiskey
   - **Tools:**
     - DD Forms 2766, 2796, 2795, SF600 with stamp, Medical Record, CHCS pick list
     - Medical threat debriefing - on CHPPM and PDHealth.mil websites
     - Medical threat information sheet - also on website
     - Medical prophylaxis – malaria, others
   - **Aids:** Toll-free help line numbers
     - Medical consult helpline 1-866-559-1627
     - Patient education helpline - especially helpful for

Redeployment – Soldiers and Civil Service

Task: Home Station/Demob Medical Processing

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Medical Debrief	Ensure soldier has received medical threat debrief (CHPPM website)
Medical Threat Information Sheet	Ensure soldier received two medical threat tri-folds (one medical, one family – CHPPM website)
Review medical documentation	Review documents with soldier; has the DD2796 been completed and signed and inserted into DD2766?
Medical exam with provider, as needed	If DD2796 is not completed or present: Face-to-face encounter; review/complete DD2796; document exposures, physical & mental concerns; code V70.5_6 (+); sign
Terminal Prophylaxis	If not completed in theater: Determine/provide malaria and other prophylaxis needs
Blood and TB	Blood sample taken for HIV and Serum Repository; TB/PPD immediately and again 90 days post-deployment
Provider referrals	For all: Determine need from documentation or exam; ensure referral to PCM for PDH-CPG based care
Integrate DD2796 and	Integrate all deployment health documents into

Redeployment – Reserve Component

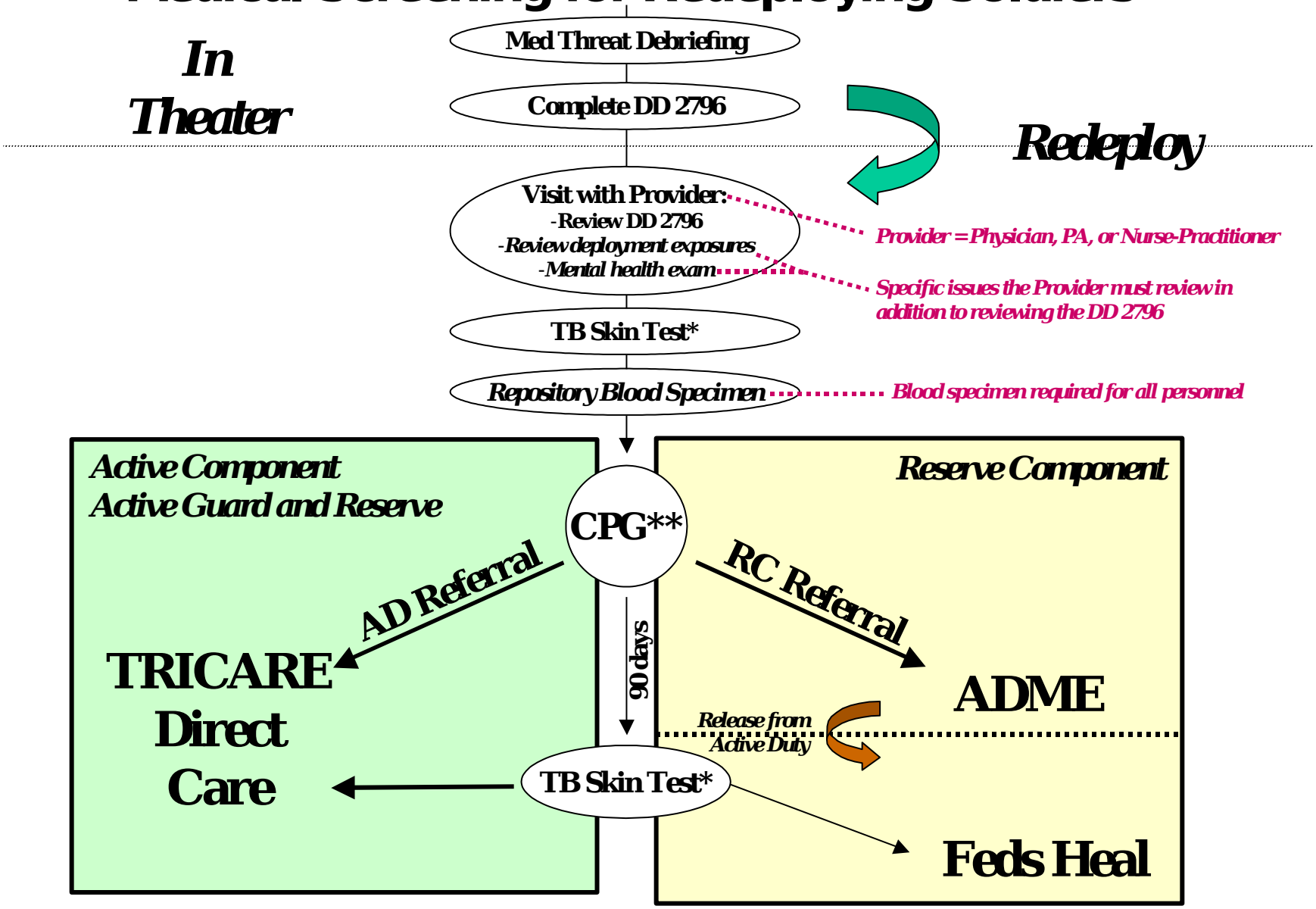
Task: Additional RC Medical P

Medical benefit/ entitlement benefit	Ensure each RC soldier receives medical benefit/entitlement brief on www.pdhealth.mil/reservist/personnel and (http://www.defenselink.mil/ra/documents/family/demob.ppt)
Soldier completes DD Form 2697	All personnel released from AD (REFRAD) must complete MEDICAL ASSESSMENT, DD2697 (on pdhealth.mil website)
Health Record Review	Provider reviews DD 2697 and other documentation to identify health problems that require additional follow-up
Soldier must actively decline medical exam	Physical exam is part of DD2697; default is do the exam unless soldier declines
Complete routine demob medical processing	Complete medical processing as in AD scenario; refer to PCM as needed for PDH-CPG-based follow-up
LOD required	Determine if Line of Duty (LOD) determination is required; initiate LOD as needed
ADME requirement	Determine if Active Duty Medical Extension is required

Redeployment
NGO and Civilian, Non-Government Personnel

- **Contractors** – non-federal workers
  - Covered under health insurance of their contracting company; occupational medicine and PM only if part of contract
  - Private and network health care providers can get information about guideline-based care through help-line and website
    - Also Tricare network and VA providers can access info
- **NGO** Personnel Policies
  - Red Cross, USO, and other non-government personnel are not included in the demobilization, medical processing, or follow-up medical care
  - Can be exceptions with Secretary of the Army designee status
- **Embedded journalists**
  - A new population
  - Not a military health care beneficiary group

Medical Screening for Redeploying Soldiers



**Clinical Practice Guideline

*Two visits, 48-72 hours apart

Redeployment

Task: Primary Care PDH-CPG DD 2796 Follow-up

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

3. **Task**: Primary Care PDH-CPG DD 2796 Follow-up
   - **When**: Should follow ASAP from ID during demob process
     - Recommend NLT 7 days of reintegration, may need immediate
     - Sick call vs. appointment process for large groups
   - **Who**:
     - Receptionist - Harmony
     - Medical screener/LPN: SSG Whiskey or LPN Grace
     - Primary Care Manager – Dr. Station
   - **Tools**:
     - SF600 with screening question or stamp
     - Toolbox PDH Clinic Visit Desk Reference Card
     - DD Form 2844
   - **Aids**:
     - Web site and algorithms; ENVITE mnemonic
     - Prior training and role play of situations

Toolbox Reference Cards
PDH Clinic Visit

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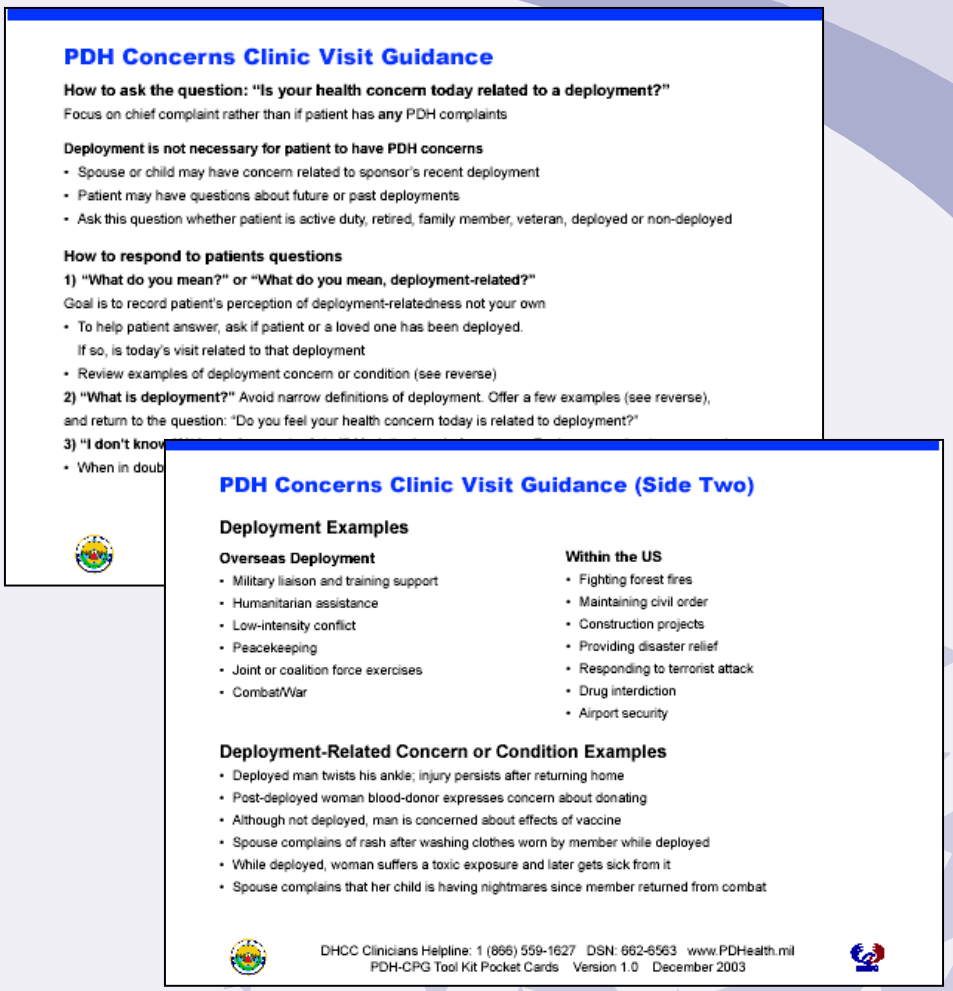
♠ Provides **guidance for training screeners** about the deployment-related question

- How to ask the question
- Emphasizes that deployment is not necessary to have PDH concerns
- How to respond to patients' questions



PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your health concern today related to a deployment?"
Focus on chief complaint rather than if patient has **any** PDH complaints

Deployment is not necessary for patient to have PDH concerns
- Spouse or child may have concern related to sponsor's recent deployment
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family member, veteran, deployed or non-deployed

How to respond to patients questions
1) "What do you mean?" or "What do you mean, deployment-related?"
Goal is to record patient's perception of deployment-relatedness not your own
- To help patient answer, ask if patient or a loved one has been deployed.
  If so, is today's visit related to that deployment
- Review examples of deployment concern or condition (see reverse)

2) "What is deployment?" Avoid narrow definitions of deployment. Offer a few examples (see reverse), and return to the question: "Do you feel your health concern today is related to deployment?"

3) "I don't know
- When in doub

PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment
- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

Within the US
- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Responding to terrorist attack
- Drug interdiction
- Airport security

Deployment-Related Concern or Condition Examples
- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Optional DD Form 2844 - Post Deployment Medical Assessment Form and Primer

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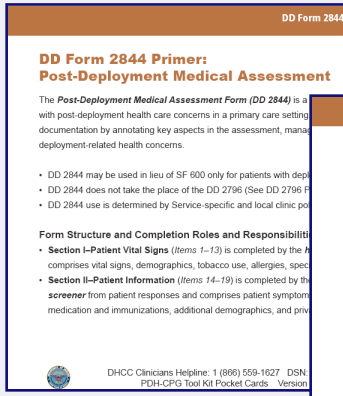
- Optional form for documenting post-deployment medical evaluation
- Form available and can be be completed on line at www.PDHealth.mil

Toolbox DD 2844 Primer


DD Form 2844 Primer

DD Form 2844 Primer:
Post-Deployment Medical Assessment

The ***Post-Deployment Medical Assessment Form (DD 2844)*** is a
with post-deployment health care concerns in a primary care setting
documentation by annotating key aspects in the assessment, manag
deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with dep
- DD 2844 does not take the place of the DD 2796 (See DD 2796 F
- DD 2844 use is determined by Service-specific and local clinic po

Form Structure and Completion Roles and Responsibiliti

- **Section I–Patient Vital Signs** (*Items 1–13*) is completed by the *h*
  comprises vital signs, demographics, tobacco use, allergies, spec
- **Section II–Patient Information** (*Items 14–19*) is completed by th
  screener from patient responses and comprises patient symptom
  medication and immunizations, additional demographics, and priv

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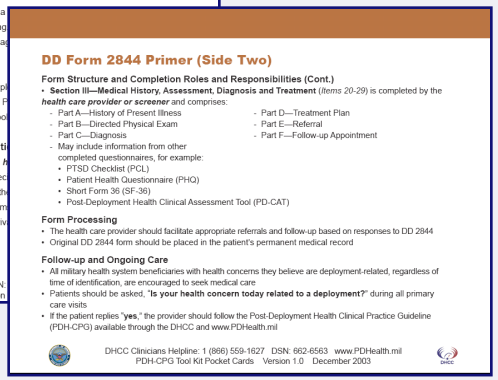
PDH-CPG Tool Kit Pocket Cards Version


DD Form 2844 Primer (Side Two)

Form Structure and Completion Roles and Responsibilities (Cont.)

- **Section III—Medical History, Assessment, Diagnosis and Treatment** (*Items 20-29*) is completed by the ***health care provider or screener*** and comprises:
  - Part A—History of Present Illness
  - Part B—Directed Physical Exam
  - Part C—Diagnosis
  - Part D—Treatment Plan
  - Part E—Referral
  - Part F—Follow-up Appointment
  - May include information from other completed questionnaires, for example:
    - PTSD Checklist (PCL)
    - Patient Health Questionnaire (PHQ)
    - Short Form 36 (SF-36)
    - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

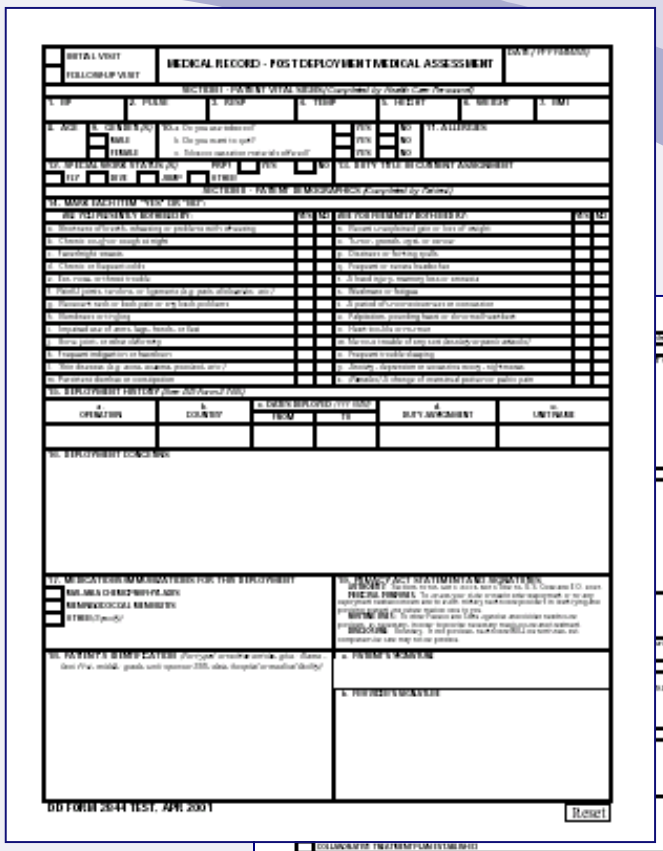
Form Processing

- The health care provider should facilitate appropriate referrals and follow-up based on responses to DD 2844
- Original DD 2844 form should be placed in the patient's permanent medical record

Follow-up and Ongoing Care

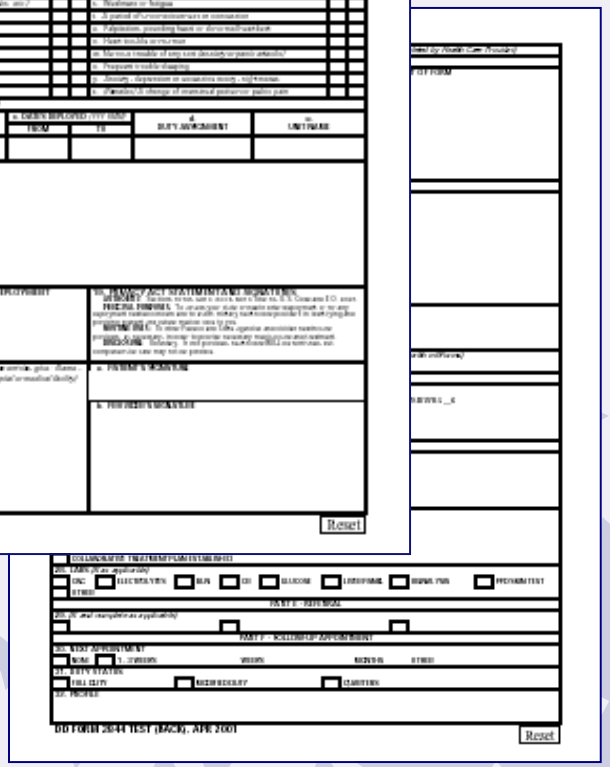
- All military health system beneficiaries with health concerns they believe are deployment-related, regardless of time of identification, are encouraged to seek medical care
- Patients should be asked, "**Is your health concern today related to a deployment?**" during all primary care visits
- If the patient replies "**yes**," the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) available through the DHCC and www.PDHealth.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003


MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT

DD FORM 2844 TEST, APR 2001

Reset


DD FORM 2844 TEST (BACK), APR 2001

Reset

Redeployment

Task: Primary Care PDH-CPG DD 2796

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Follow-up (cont.)

3. **Process**: Primary Care PDH-CPG DD 2796 Follow-up
   - SSG Freedom reports, as instructed, to PC on 17 May
     - Persistent cough, congestion; fears SARS (Severe Acute Respiratory Syndrome)
   - SSG Guard reports to PC on same day, with same sx, concerned because of work at the airport
   - Greeted courteously by Receptionist, Harmony
     - Vignette

Redeployment

Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)

DHCC
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3. **Process**: Primary Care PDH-CPG DD 2796 Follow-up
   - **Medical screener/LPN**: SSG Whiskey or LPN Grace
     - Asks deployment-related “vital sign”
     - "Is your problem today related to a deployment?"
     - Marks “yes” on stamped SF600 (or pre-printed SF 600 at TMC)
     - Alerts provider to “yes” response
       - Original DD Form 2796 in permanent medical record
       - Color coded forms or folders have been used
       - DD Form 2844 on follow-up appointment

Redeployment

Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)

3. **Process**: Primary Care PDH-CPG DD 2796 Follow-up
   - **Provider** – Dr. Station
     - Acknowledges that visit is deployment-related
       - Reinforces follow-up from DD2796 instructions
       - Express appreciation for service & compassion for concerns
         - Stepped-risk communication model (see guideline)
         - ENVITE mnemonic for risk communication
         - Info on deployment risks (see PDHealth.mil web site)
       - Risk communication takes place throughout encounter, not just at end
     - Reviews DD2796 (and DD2844 on follow-up visit)
     - Evaluates chief complaint – identifies established diagnosis
       - Viral respiratory infection (not consistent with SARS)

Stepped Risk Communication
Recognized Disease

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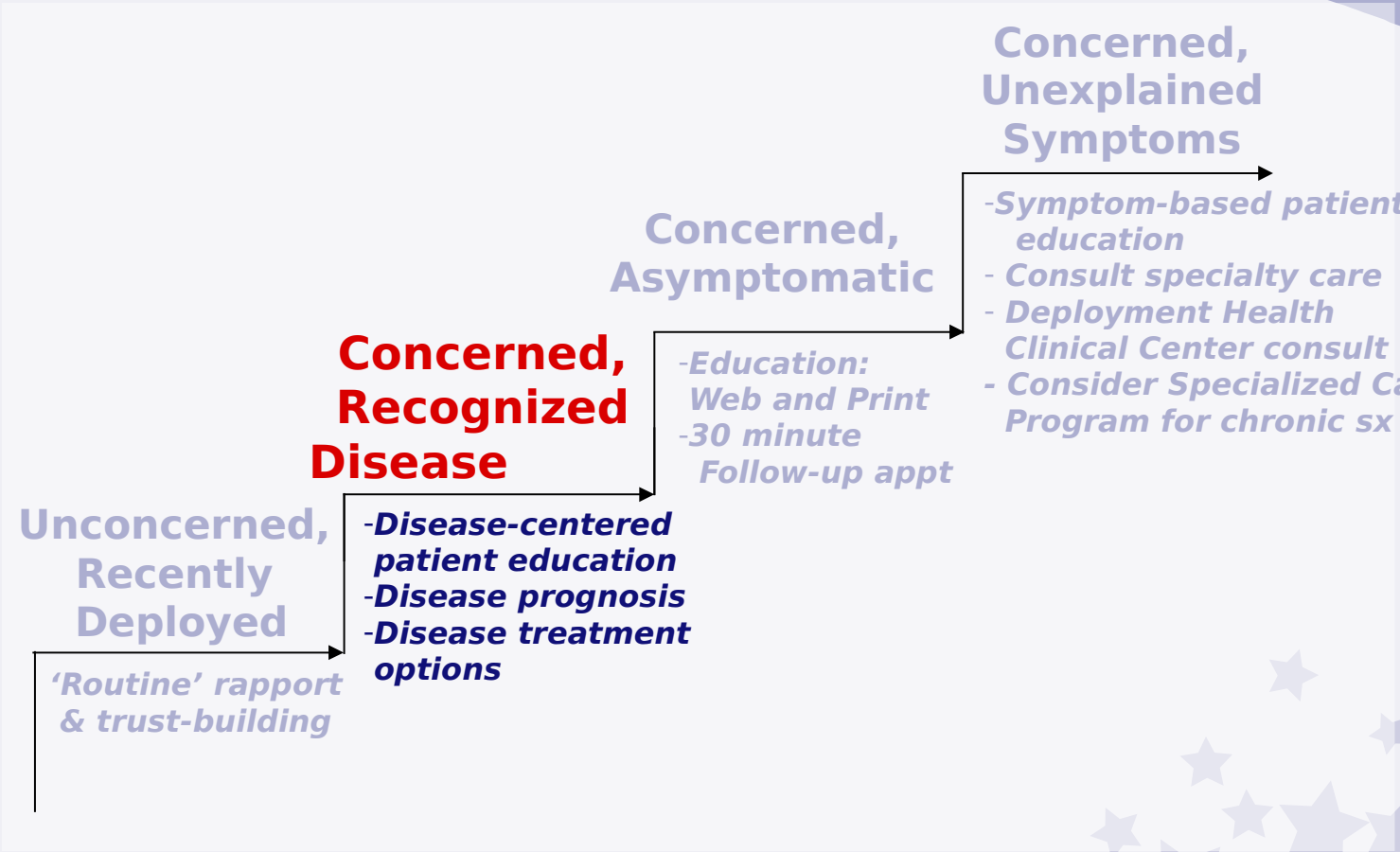

Redeployment

Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)

3. **Process**: Primary Care PDH-CPG DD 2796 Follow-up
   - **Provider** – Dr. Station
     - Documents deployment-related visit primary code – V70.5_6
     - Documents disease-specific diagnosis as secondary code
     - Establishes follow-up appointment both IAW disease specific guideline and for PDH concern (30 minute PDH appt where DD Form 2844 is used)
     - Prior to follow-up: Researches if SARS was a potential exposure in area of operations or during return trip for discussion in follow-up

Redeployment

Task: Primary Care PDH-CPG DD 2796 Follow-up (cont.)

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3. **Process**: Primary Care PDH-CPG DD 2796 Follow-up
   - ♠ Case Management Function
     - Adds PDH-CPG Patient to the tracking database
     - Ensures follow-up made
     - Provides additional patient educational materials, as requested by patient/provider
     - Quality controls coding

Redeployment

Task: Primary Care PDH-CPG Definitive Diagnosis

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

3. **Definitive Dx** – Family Member – 15 Jun 03
   - Patience Freedom brings 8 y/o son, Butch, to PC
     - Describes conflict with dad since return from Iraq; son getting into fights at school
   - Ask screening question – military vital sign
   - Document screening response and alert provider
   - Provider recognizes deployment-related nature
   - Provide effective risk communication
   - Refer to Behavioral Health provider
   - Document deployment V-code and family problem V-code
   - Follow-up, track, and manage case

Redeployment

Task: Primary Care PDH-CPG Definitive Diagnosis (cont.)

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3. **Definitive Dx** – Family Member
   - Key points to remember
   - Deployment-related problems not limited to service members or adults
     - Can be spouse, child, or retiree
     - Family affected by stress and also can be exposed to contaminants, bacteria, etc. brought back by soldier
   - Process remains the same

Redeployment

Task: Primary Care PDH-CPG Definitive Diagnosis (cont.)

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3. **Definitive Dx** – Key Points
   - ♠ Ensure risk communication in clinic contacts
   - ♠ Ask screening question – military vital sign
   - ♠ Document screening response and alert provider
   - ♠ Provider recognizes deployment-related nature
   - ♠ Triage: Identify definitive diagnosis
   - ♠ Provide effective risk communication
   - ♠ Document deployment V-code and disease diagnosis code
   - ♠ Follow-up, track, and manage case

ICD-9 Coding for Identifiable Disease

V70.5_ 6

Deployment-related visit

plus

Usual Disease Code

Asymptomatic Patient with Health Concerns

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- Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- Concerns related to
  - Illness
  - Vaccine or anticipated vaccine or meds
  - Exposure or anticipated exposure
  - An experience
  - News media coverage, internet, etc.
- Can be service member or family member
- Legitimate health care visit

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)

4. **Post-deployment Presentation** – 30 Jun 03
   - SSG Freedom presents to clinic
     - Describes concerns about DU, read article in paper
     - Saw armored vehicle blown-up, no wounds
       - Note on wounded processes
   - **Tools:**
     - SF600 screening question
     - Toolbox Desk Reference Cards
     - DD Form 2844 on follow-up visit
   - **Aids:**
     - Fact Sheets
     - PDHealth.mil web site and DHCC Deployment Health Daily News
     - Provider help-line 1-866-559-1627

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)

4. Post-deployment, Asymptomatic Concerned
   - ♠ Process
     - SSG Whiskey/LPN Grace asks deployment-related screening question
     - Records “yes”, alerts provider to deployment-related visit
     - Provider expresses recognition to patient that the visit is deployment-related and reinforce decision to make a health care visit to discuss
     - Employs risk communication through stepped-care algorithm and ENVITE reminder

Stepped Risk Communication
Asymptomatic Concerned

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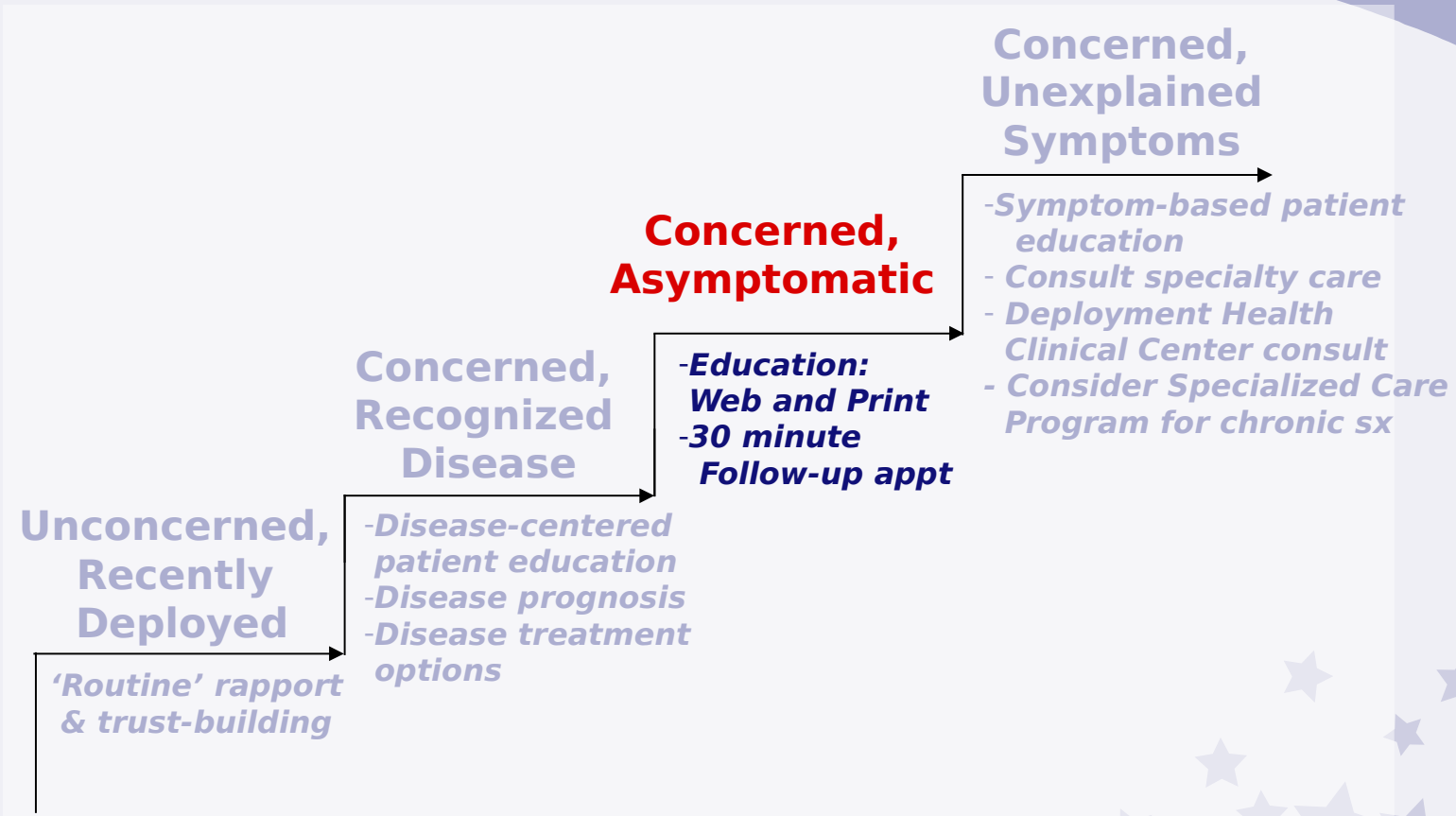

Worldwide Web Support for Post-Deployment Health Care

www.PDHealth.mil

DHCC
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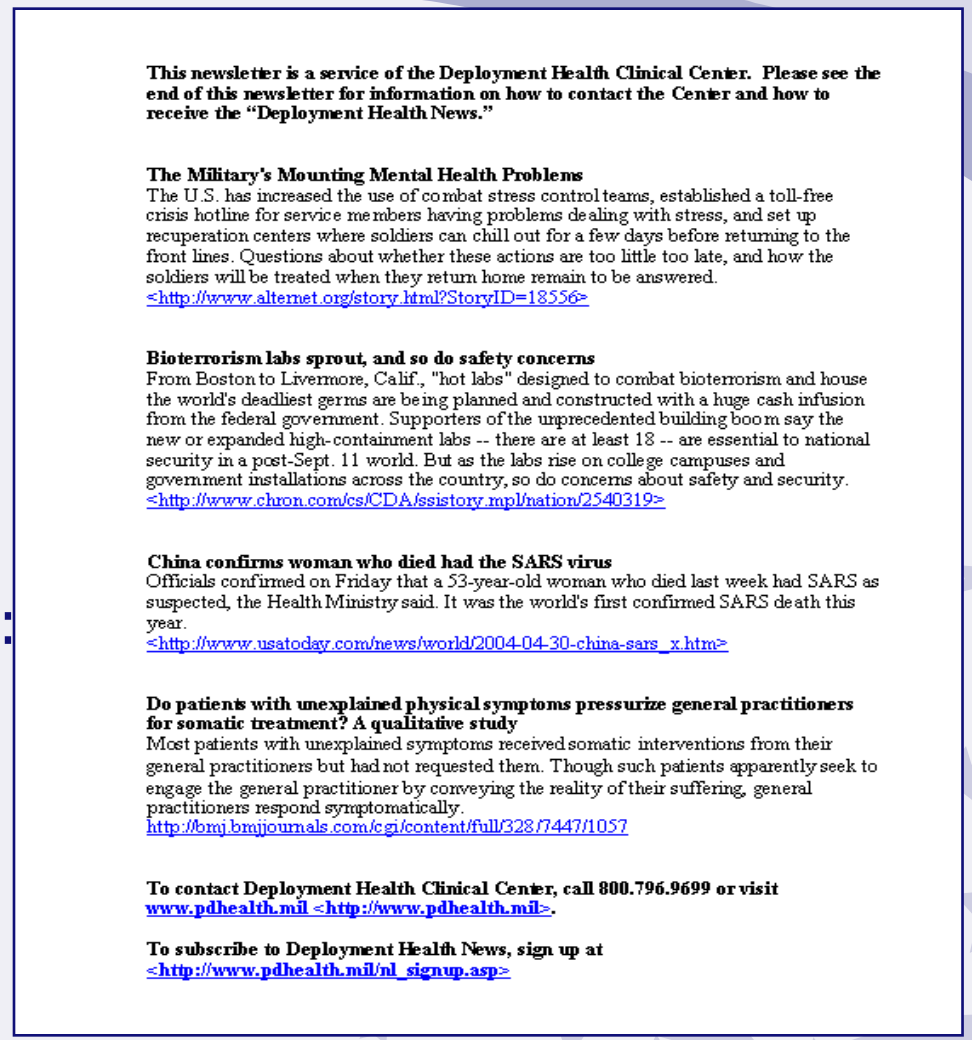
- Information on all deployments and deployment cycle support
- Specific diseases and emerging health concerns
- Web-navigable version of the PDH-CPG
- Online clinical tools
- News and information librar
- Provider education and training
- Patient education

Deployment Health News

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Email newsletter each business day
- Deployment-related news articles
- To subscribe, sign up at: www.pdhealth.mil/nl_signup.asp



This newsletter is a service of the Deployment Health Clinical Center. Please see the end of this newsletter for information on how to contact the Center and how to receive the "Deployment Health News."

The Military's Mounting Mental Health Problems
The U.S. has increased the use of combat stress control teams, established a toll-free crisis hotline for service members having problems dealing with stress, and set up recuperation centers where soldiers can chill out for a few days before returning to the front lines. Questions about whether these actions are too little too late, and how the soldiers will be treated when they return home remain to be answered.
<http://www.alternet.org/story.html?StoryID=18556>

Bioterrorism labs sprout, and so do safety concerns
From Boston to Livermore, Calif., "hot labs" designed to combat bioterrorism and house the world's deadliest germs are being planned and constructed with a huge cash infusion from the federal government. Supporters of the unprecedented building boom say the new or expanded high-containment labs -- there are at least 18 -- are essential to national security in a post-Sept. 11 world. But as the labs rise on college campuses and government installations across the country, so do concerns about safety and security.
<http://www.chron.com/cs/CDA/ssistory.mpl/nation/2540319>

China confirms woman who died had the SARS virus
Officials confirmed on Friday that a 53-year-old woman who died last week had SARS as suspected, the Health Ministry said. It was the world's first confirmed SARS death this year.
<http://www.usatoday.com/news/world/2004-04-30-china-sars_x.htm>

Do patients with unexplained physical symptoms pressurize general practitioners for somatic treatment? A qualitative study
Most patients with unexplained symptoms received somatic interventions from their general practitioners but had not requested them. Though such patients apparently seek to engage the general practitioner by conveying the reality of their suffering, general practitioners respond symptomatically.
http://bmj.bmjjournals.com/cgi/content/full/328/7447/1057

To contact Deployment Health Clinical Center, call 800.796.9699 or visit www.pdhealth.mil <http://www.pdhealth.mil>.

To subscribe to Deployment Health News, sign up at <http://www.pdhealth.mil/nl_signup.asp>

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment Asymptomatic Concerned (cont.)

4. **Summary** – Asymptomatic Concerned Key Points
   - Ensure risk communication in clinic contacts
   - Ask screening question – military vital sign
   - Document screening response and alert provider
   - Provider recognizes deployment-related nature
   - Triage: Identify Asymptomatic Concerned
   - Provide effective risk communication
   - Document patient education
   - Code: V70.5_6 and V65.5
   - Research and 30 minute follow-up
   - Follow-up, track, and manage case

Medically Unexplained Symptoms (MUS)

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Physical symptoms that provoke care-seeking, but have no clinically determined pathogenesis after an appropriately thorough diagnostic evaluation."

V70.5_ 6 plus ICD-9-CM MUS Code 799.89

Note: ICD-9-CM Guidelines 2005 changed MUS code from 799.8 to 799.89.

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS

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5. **Post-deployment Presentation** – 15 Sept 03
   - SSG Freedom presents to clinic
     - Describes fatigue, headache, can't sleep, episodic rash
     - Symptoms on and off since return from Iraq
   - **Tools:**
     - SF600 screening question
     - Toolbox Desk Reference Cards
     - DD Form 2844 on initial follow-up visit
     - Assessment and outcome instruments
       - SF36, PHQ, PDCAT
   - **Aids:**
     - PDHealth.mil web site
     - Provider help-line 1-866-559-1627

Assessment and Outcome Tools

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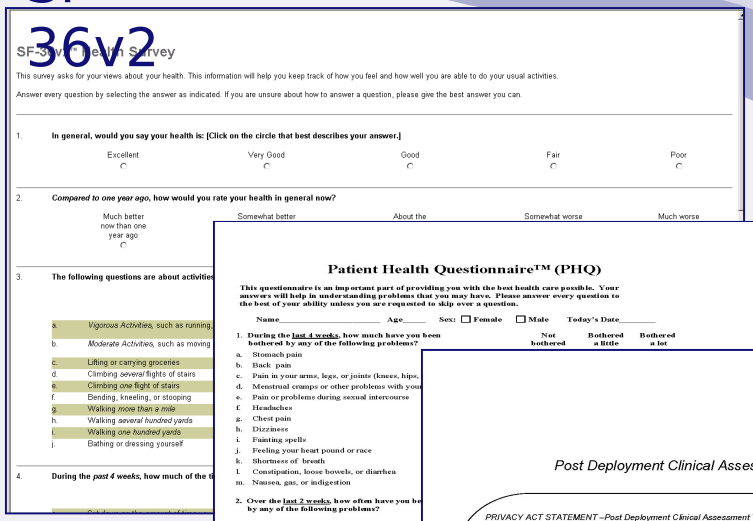
- SF-36v2 - Health Survey
  - Short measure of health-related quality of life
- PHQ - Patient Health Questionnaire
  - Screens and monitors status of common health conditions
- PDCAT - Post Deployment Health Clinical Assessment Tool
  - Measures certain aspects of physical and mental health



PDCAT

Forms and primers on www.PDHealth.mil

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)

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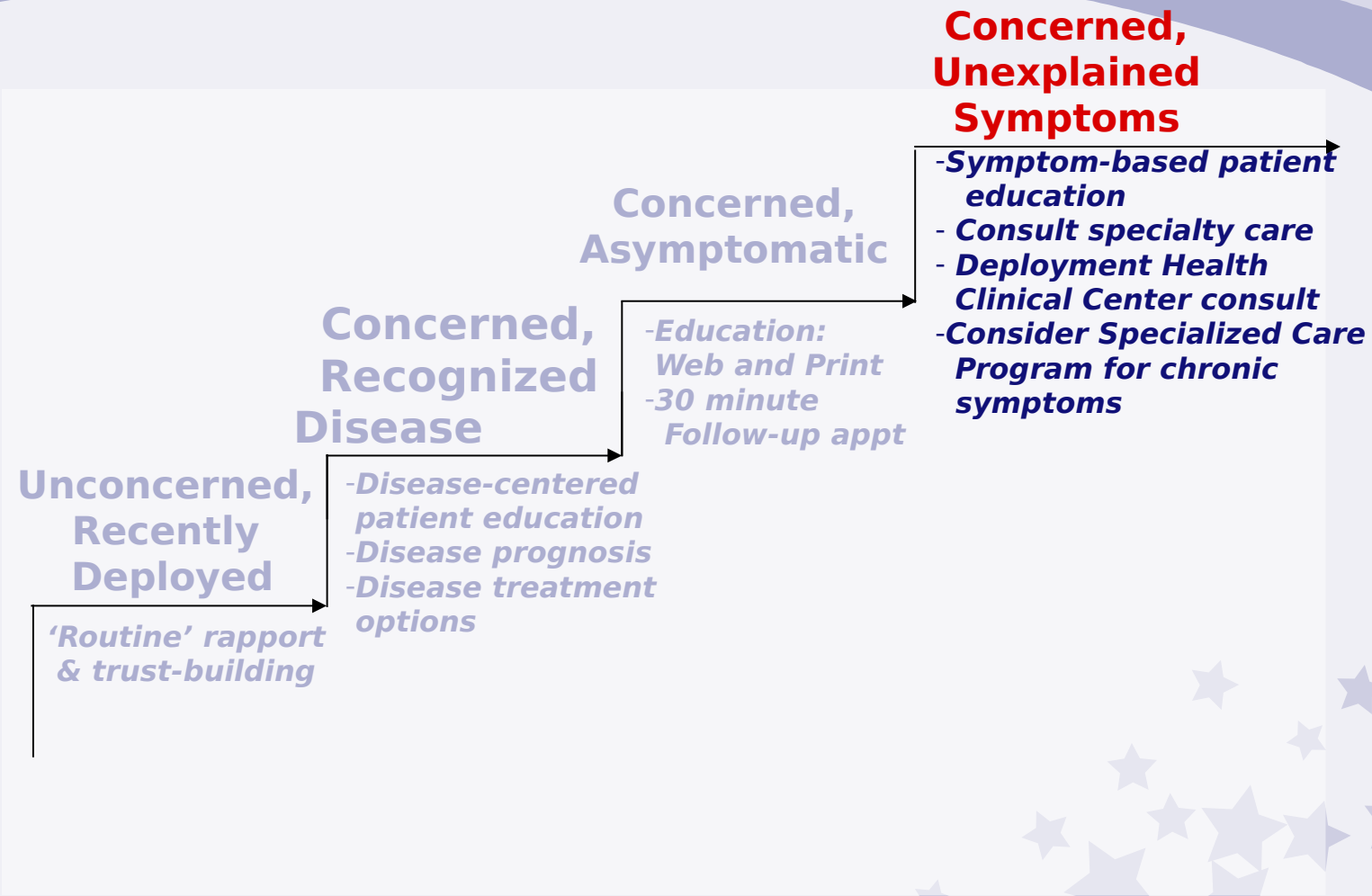
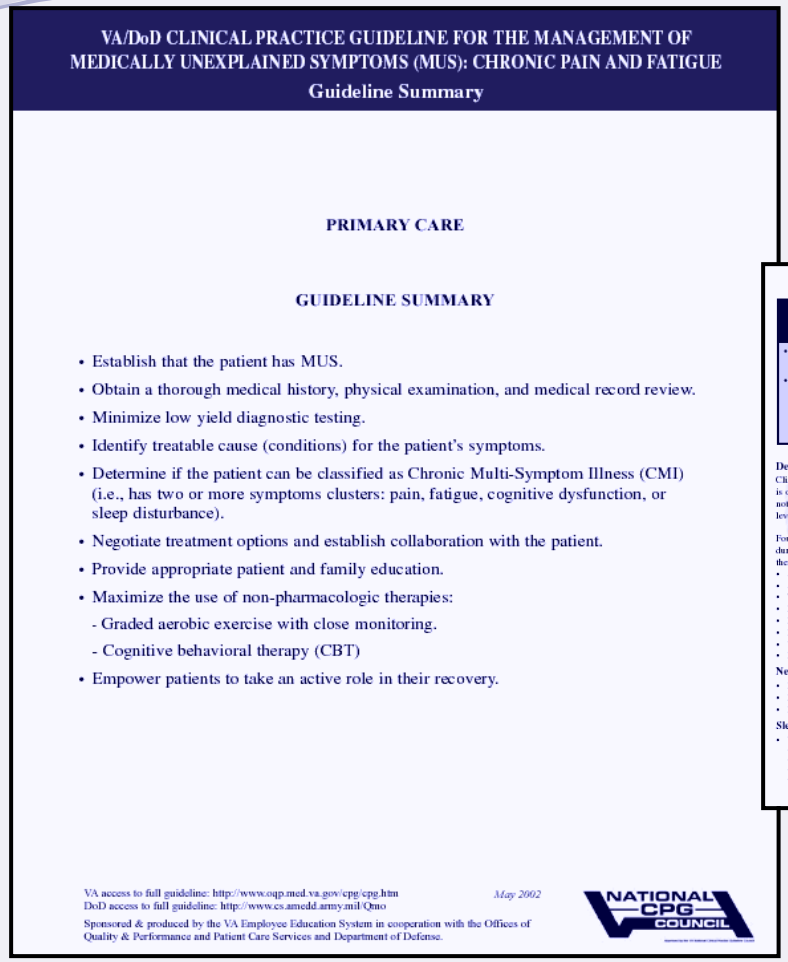
5. **Process:** Medically Unexplained Symptoms
   - ♠ Ask screening question – document – alert provider – recognize deployment-related
   - ♠ Use DD Form 2844 to capture more thorough history
   - ♠ Conduct clinical assessment
   - ♠ Administer functional assessment and outcome measure
   - ♠ Use effective risk communication and patient education materials

Stepped Risk Communication
Medically Unexplained Symptoms



VA/DoD Medically Unexplained Symptoms (MUS) Clinical Practice Guideline

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER



VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF MEDICALLY UNEXPLAINED SYMPTOMS (MUS): CHRONIC PAIN AND FATIGUE

Guideline Summary

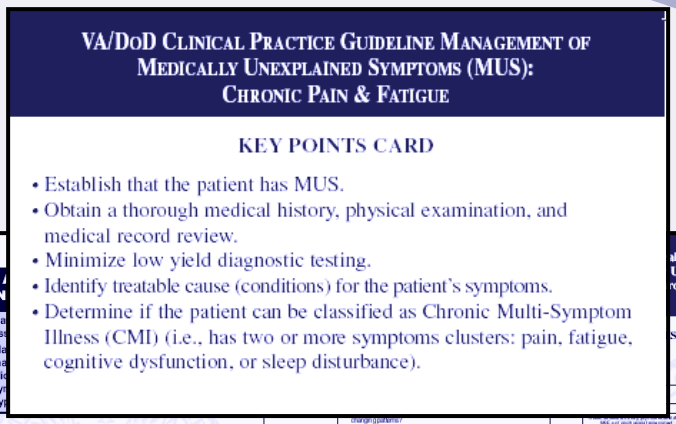
PRIMARY CARE

GUIDELINE SUMMARY

- Establish that the patient has MUS.
- Obtain a thorough medical history, physical examination, and medical record review.
- Minimize low yield diagnostic testing.
- Identify treatable cause (conditions) for the patient's symptoms.
- Determine if the patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptoms clusters: pain, fatigue, cognitive dysfunction, or sleep disturbance).
- Negotiate treatment options and establish collaboration with the patient.
- Provide appropriate patient and family education.
- Maximize the use of non-pharmacologic therapies:
  - Graded aerobic exercise with close monitoring.
  - Cognitive behavioral therapy (CBT)
- Empower patients to take an active role in their recovery.

VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm
DoD access to full guideline: http://www.cs.amedd.army.mil/Qmo
May 2002
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and Department of Defense.

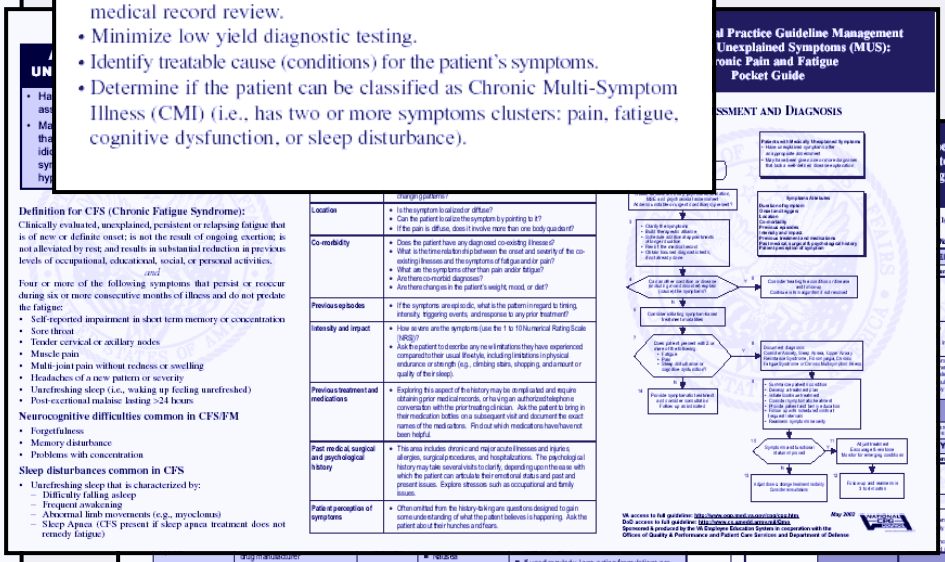
NATIONAL CPG COUNCIL



VA/DoD CLINICAL PRACTICE GUIDELINE MANAGEMENT OF MEDICALLY UNEXPLAINED SYMPTOMS (MUS): CHRONIC PAIN & FATIGUE

KEY POINTS CARD

- Establish that the patient has MUS.
- Obtain a thorough medical history, physical examination, and medical record review.
- Minimize low yield diagnostic testing.
- Identify treatable cause (conditions) for the patient's symptoms.
- Determine if the patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptoms clusters: pain, fatigue, cognitive dysfunction, or sleep disturbance).



Definition for CFS (Chronic Fatigue Syndrome):
Clinically evaluated, unexplained, persistent or relapsing fatigue that is of new or definite onset; is not the result of ongoing exertion; is not alleviated by rest; and results in substantial reduction in previous levels of occupational, educational, social, or personal activities.
and
Four or more of the following symptoms that persist or reoccur during six or more consecutive months of illness and do not predate the fatigue:
- Self-reported impairment in short term memory or concentration
- Sore throat
- Tender cervical or axillary nodes
- Muscle pain
- Multi-joint pain without redness or swelling
- Headaches of a new pattern or severity
- Unrefreshing sleep (i.e., waking up feeling unrefreshed)
- Post-exertional malaise lasting >24 hours

Neurocognitive difficulties common in CFS/FM
- Forgetfulness
- Memory disturbance
- Problems with concentration

Sleep disturbances common in CFS
- Unrefreshing sleep that is characterized by:
  - Difficulty falling asleep
  - Frequent awakening
  - Abnormal limb movements (e.g., myoclonus)
  - Sleep Apnea (CFS present if sleep apnea treatment does not remedy fatigue)

	drug manufacturer		■ Nausea	■ If used regularly, long-acting formulations are preferred.
Sadenosyl-L-methionine (SAMe)**	■ 200 mg/day subq ■ 400 mg/day IV ■ 800 mg/day orally	Possibly	■ None documented	■ Drug is available in the United States orally, as an over-the-counter dietary supplement.
Sleep: Melatonin**	3 to 6 mg/day	Equivocal	—	■ May help a limited number of patients who have difficulty initiating sleep.

*TRAMADOL - NON-FORMULARY MEDICATION. AVAILABLE BY PHYSICIAN REQUEST USING THE NON-FORMULARY PROCESS.
**SAM-e AND MELATONIN ARE NUTRITIONAL SUPPLEMENTS THAT THE VA DOES NOT PROVIDE. ARE AVAILABLE AS OVER THE COUNTER PRODUCTS.

©NOT EVERY PANEL OF EXPERT GUIDELINE DEVELOPERS HAS REACHED THE SAME CONCLUSIONS REGARDING THE BENEFIT OF DRUGS. SEE "CLINICAL EVIDENCE VOL. 6. DEC. 2001" A PUBLICATION OF THE BRITISH MEDICAL JOURNAL.

Medically Unexplained Symptoms
Patient Education Brochures

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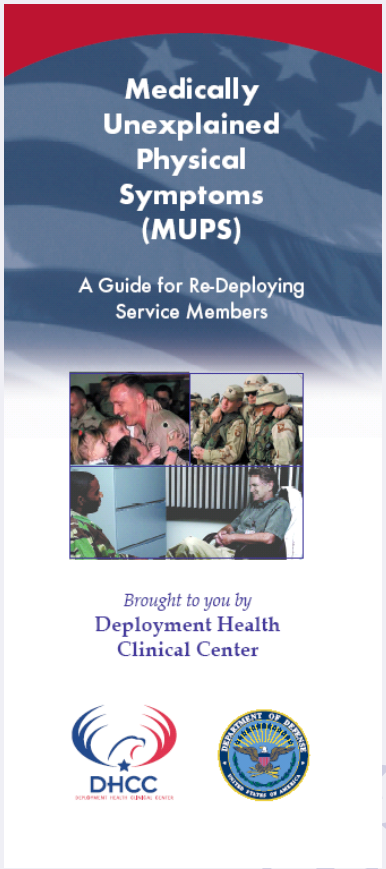
Available from the MEDCOM web site:
www.qmo.amedd.army.mil



Available from the DHCC web site:
www.PDHealth.mil

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)

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5. **Process:** Medically Unexplained Symptoms
   - Refer to MUS-specific Clinical Practice Guideline
     - Also at www.pdhealth.mil, Supporting Guidelines
     - Additional guidelines: Depression, PTSD
   - Consider specialty care and second opinions
   - Always follow-up, even when referral to specialty care; case management
     - Case Management
     - 30-minute appt for patient education and RC
   - Tele-consult DHCC
   - For unresolved concerns: Consider referral to DHCC Specialized Care Program for rehabilitative care
   - Don't forget to code: V70.5_6 Deployment-related visit plus 799.89 (Ill-defined condition)

DHCC Clinical Care
Specialized Care Programs (SCP Tracks I and II)

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

♠ Intensive, **3-week, multidisciplinary, rehabilitative_ program** for patients with deployment-related chronic illness or Medically Unexplained Symptoms or post-operational stress

♠ Available to **all military members and family members** who continue to have problems after going through PDH-CPG based care at local MTF and meet admission criteria (e.g., ambulatory, capable of some exercise) (**Track II for military members only**)

- Physical conditioning
- Patient education
- Counseling
- Nutritional counseling
- Occupational therapy
- Relaxation training
- Cognitive-behavioral therapy
- Exposure therapy

Deployment Health Clinical Center

Resource Center

- DHCC Helpline for Clinicians/Providers
  (Administrative and clinical consultation - Mon-Fri 0730-1630)
  - US Toll Free: 1-866-559-1627
  - Local No.: 202-356-0907 (DSN 642)
  - Outside US DSN: 312-642-0907
- DoD Helpline for Veterans and Family Members
  (Patient information, referral, advocacy - Mon-Fri 0730-1630)
  - US Toll Free: 1-800-796-9699
  - Local No.: 202-782-3577 (DSN 662)
  - From Europe Toll Free: 00800-8666-8666
  - Outside US DSN: 312-662-3577
- Email Questions
  - pdhealth@amedd.army.mil

Post-Deployment

Task: Primary Care PDH-CPG Eval and Treatment MUS (cont.)

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

5. **Summary –** Medically Unexplained Symptoms
   - Ask screening question – military vital sign
   - Document screening response and alert provider
     - Use DD Form 2844
   - Provider recognizes deployment-related nature
   - Evaluate clinically – refer to MUS CPG
   - Use assessment and outcome tools on pdhealth.mil
     - e.g., SF36, PHQ, PDCAT
   - Provide effective risk communication
   - Code: V70.5_6 and 799.89
   - Research, 30 minute follow-up
   - Consult: specialty care; DHCC phone consult; DHCC rehabilitative care for chronic MUS
   - Follow-up, track, and manage case

Pre-Deployment Phase of Cycle

Task: Primary Care PDH-CPG Evaluation and Treatment

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6. Pre-deployment – 1 Nov 03

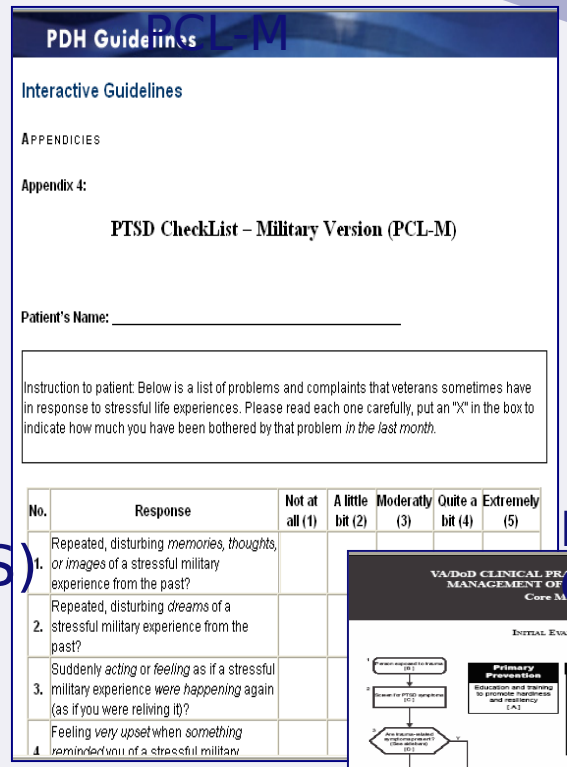
- SSG Reserve is on reserve drill at Ft Carson; scheduled to be deployed again in 60 days
  - Reports to Primary Care; describes flashbacks of last combat, inability to sleep, intrusive thoughts of seeing friend killed in tank explosion, easily startled, drinking a lot lately
- **Tools**:
  - All previous PDH-CPG tools
  - PTSD screening scale (on web site)
  - Risk communication very important at this point
- **Process**: Follow Definitive Diagnosis Algorithm (A3)
  - Refer to VHA nearer to his home for treatment
- **Key**:
  - MUS is not the same as MH (mental health) concern
  - PDH-CPG applies throughout the Deployment Cycle
  - VA offers Reserve and Guard care 2 years post-deployment
    - Vet Centers available for family counseling

Post Traumatic Stress Disorder Checklists, Primer and CPG

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Assesses trauma-related distress
- Self-administered
- 3 Versions
  - Civilian Version (PCL-C)
  - Military Version (PCL-M)
  - Stress Specific Version (PCL-S)
- A… …w.PDHealth.mil

PCL-M



PDH Guidelines

Interactive Guidelines

APPENDICIES

Appendix 4:

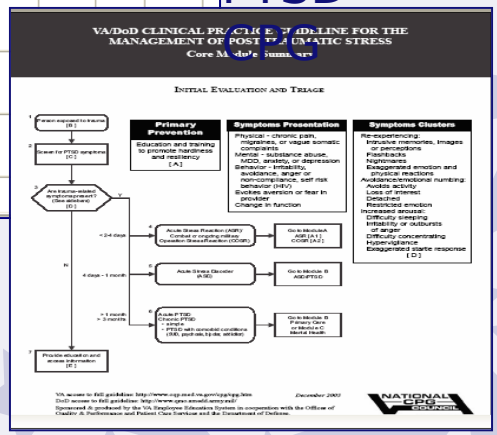
PTSD CheckList – Military Version (PCL-M)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing *memories, thoughts, or images* of a stressful military experience from the past?					
2.	Repeated, disturbing *dreams* of a stressful military experience from the past?					
3.	Suddenly *acting* or *feeling* as if a stressful military experience *were happening* again (as if you were reliving it)?					
4	Feeling *very upset* when *something reminded* you of a stressful military					

PTSD CPG

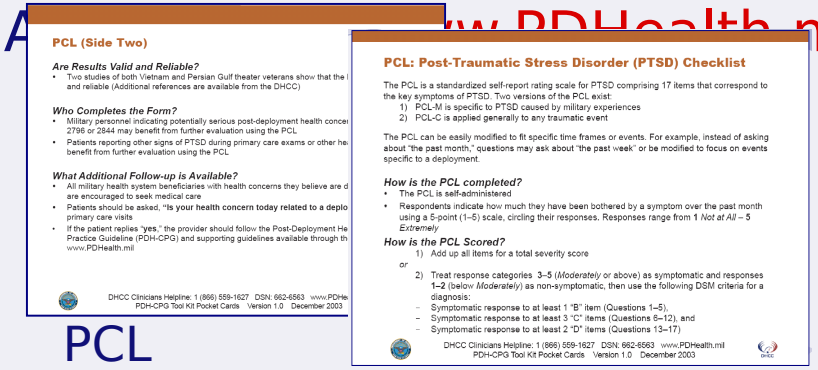


VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF POST-TRAUMATIC STRESS

Core Module Summary

INITIAL EVALUATION AND TRIAGE

PCL



PCL (Side Two)

Are Results Valid and Reliable?
- Two studies of both Vietnam and Persian Gulf theater veterans show that the I and reliable (Additional references are available from the DHCC)

Who Completes the Form?
- Military personnel indicating potentially serious post-deployment health concer 2796 or 2844 may benefit from further evaluation using the PCL
- Patients reporting other signs of PTSD during primary care exams or other he benefit from further evaluation using the PCL

What Additional Follow-up is Available?
- All military health system beneficiaries with health concerns they believe are d are encouraged to seek medical care
- Patients should be asked, "**Is your health concern today related to a deplo** primary care visits
- If the patient replies "yes," the provider should follow the Post-Deployment He Practice Guideline (PDH-CPG) and supporting guidelines available through th www.PDHealth.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHe
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

PCL: Post-Traumatic Stress Disorder (PTSD) Checklist

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist:
1) PCL-M is specific to PTSD caused by military experiences
2) PCL-C is applied generally to any traumatic event

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about "the past month," questions may ask about "the past week" or be modified to focus on events specific to a deployment.

How is the PCL completed?
- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from 1 *Not at All* – 5 *Extremely*

How is the PCL Scored?
1) Add up all items for a total severity score

or

2) Treat response categories 3–5 (*Moderately* or above) as symptomatic and responses 1–2 (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:
- Symptomatic response to at least 1 "B" item (Questions 1–5),
- Symptomatic response to at least 3 "C" items (Questions 6–12), and
- Symptomatic response to at least 2 "D" items (Questions 13–17)

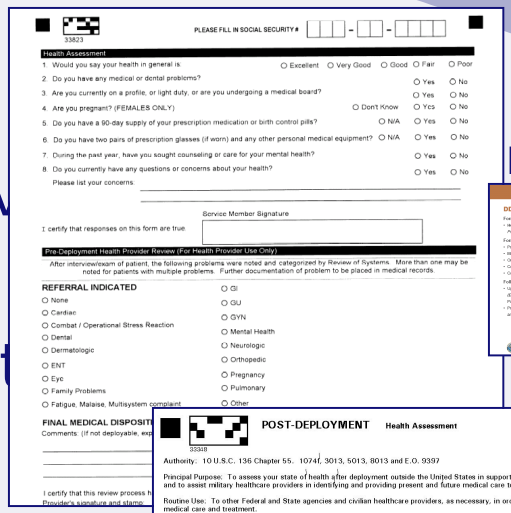
DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Deployment Health Assessment Forms and Primers

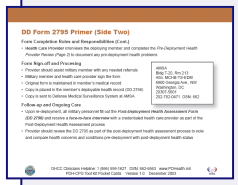
DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- DD Form 2795, Pre-Deployment Health Assessment
  - Reviewed by a credentialed prov for positive responses
- DD Form 2796, Post-Deployment Health Assessment
  - Face to face assessment by trained h care provider (physician, physician assistant, nurse practitioner, indepen duty corpsman/medical technician)
- Available on www.PDHealth.mil

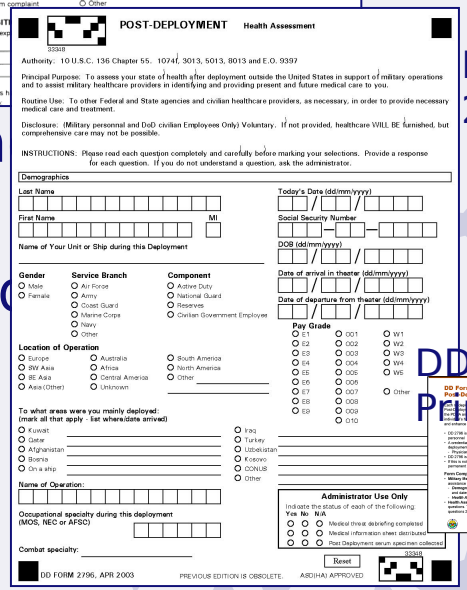
DD Form 2795



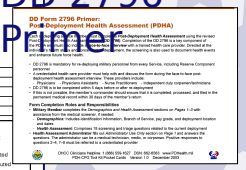
DD 2795 Primer



DD Form 2796



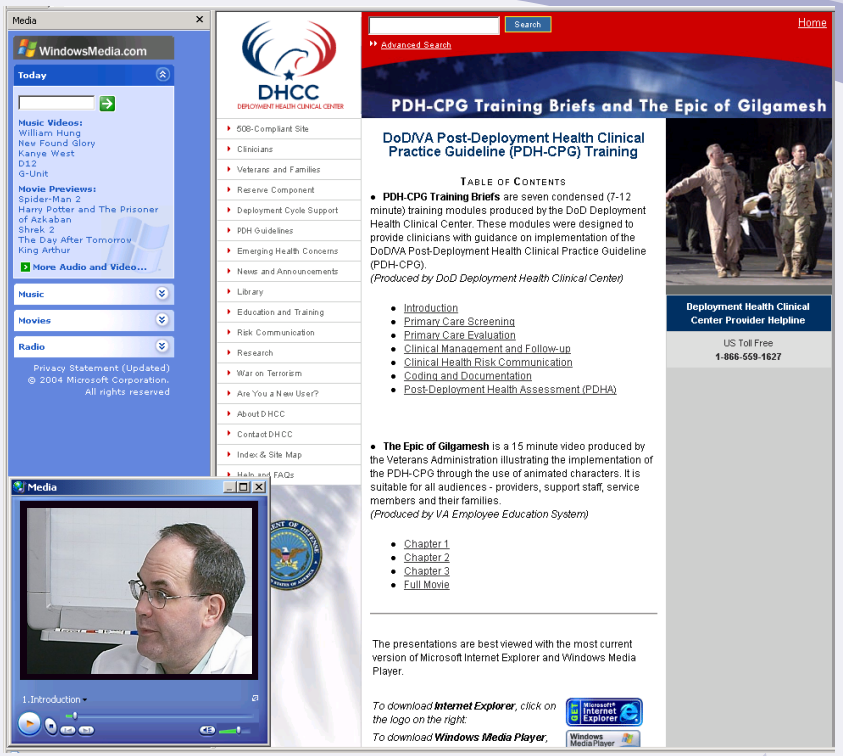
DD 2796 Primer



PDH-CPG Training Briefs

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

- Produced by DHCC
- 7 video modules from 7-12 minutes
- Developed for medical providers and support staff
- Posted on DHCC web site www.PDHealth.mil



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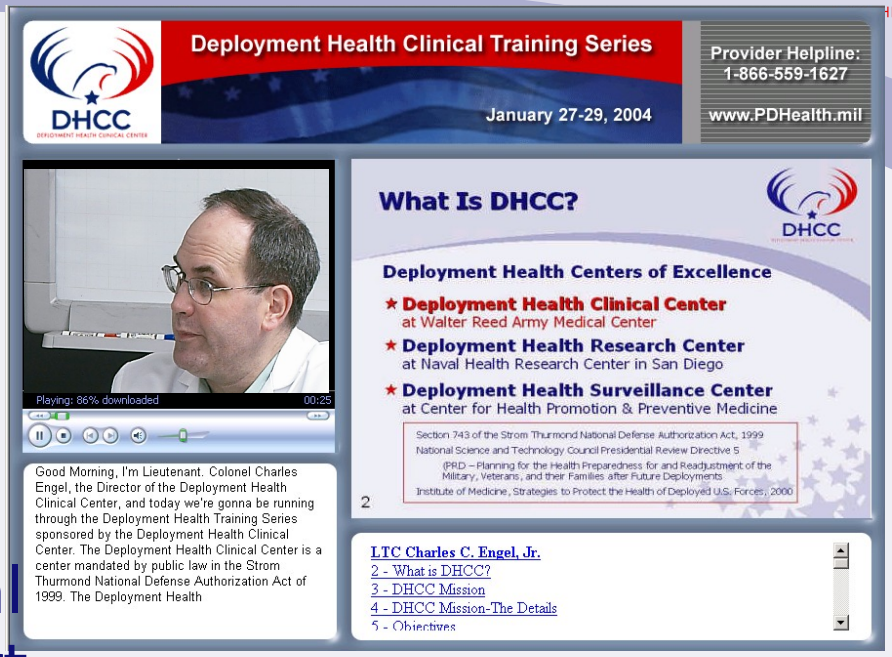
- Introduction
- Primary Care Screening
- Primary Care Evaluation
- Management & Follow-
- Health Risk Communication
- Coding and Documentation
- PDHA

Deployment Health Clinical Training Series

- Produced by DHCC
- 11 modules from 17-47 minutes
- Video, script, slides
- Developed for medical providers and support staff
- Posted on DHCC web site
  www.PDHealth.mil



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  - Suicide
  - Malaria
  - Depleted Uranium
  - Leishmaniasis
  - Vaccine Safety

“Unless…wars are fought solely by machines, the human cost of warfare will remain high. The troops must… be given a commitment for all necessary care for war-related illness.”

Straus SE: Lancet 1999; 353:162-3

Questions, Information, Assistance

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Washington, DC 20307-5001

202-782-6563
DSN:662

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E-mail: pdhealth@na.amedd.army.mil
Website: www.PDHealth.mil

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